

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01326

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: HONDURAS MEDICAL AID FOUNDATION OF FLORIDA INCORPORATED

Current Principal Place of Business:

5839 WHIRLAWAY RD
WEST PALM BEACH, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

5839 WHIRLAWAY RD
WEST PALM BEACH, FL 33418 US

New Mailing Address:

FEI Number: 59-2419886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDECK, OSCAR R
5839 WHIRLAWAY RD
PALM BEACH GARDENS, FL 33418

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BENDECK, TAUFICK E., MD.
Address: 4416 POINSETTA AVE.
City-St-Zip: WEST PALM BCH, FL

Title: D () Delete
Name: BENDECK, GLENN P.,
Address: 8147 WEST LAKE DR.
City-St-Zip: LAKE CLARKE SHORES, FL

Title: D () Delete
Name: BENDECK, TAUFICK E MD
Address: 4416 POINSETTA AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: BENDECK, PHYLLIS E
Address: 4416 POINSETTA AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD () Delete
Name: BENDECK, MIRNA
Address: 5839 WHIRLAWAY ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: BATRUNY, VICTORIA
Address: 3025 EMBASSY DR
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRNA BENDECK

V

04/26/2002

Electronic Signature of Signing Officer or Director

_____ Date

OSCAR R. BENDECK, PRESIDENT
5839 WHIRLAWAY ROAD
PALM BEACH GARDENS, FL 33418