

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90006 030 ****61.25

DOCUMENT # N95000003278

1. Entity Name

INTERNATIONAL INSTITUTE FOR HEALTHCARE AND HUMAN
 DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

2602 SAN DOMINGO STREET 2602 SAN DOMINGO STREET
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

00067693

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0643642

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVERINGHAM, PHILIP B
 2602 SAN DOMINGO STREET
 CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
 NAME YOURIST, JAY E
 STREET ADDRESS 10650 SW 137TH STREET
 CITY - ST - ZIP MIAMI, FL 33176

TITLE D ☐ Delete
 NAME EVERINGHAM, PHILIP B
 STREET ADDRESS 2602 SAN DOMINGO STREET
 CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE D ☐ Delete
 NAME LOWENSTEIN, ELLIOT
 STREET ADDRESS 2100 SALZEDO STREET #303
 CITY - ST - ZIP CORAL GABLES, FL 33134

TITLE D ☐ Delete
 NAME ROSS, DONALD
 STREET ADDRESS 8630 SW 118TH STREET
 CITY - ST - ZIP MIAMI, FL 33156

TITLE D ☐ Delete
 NAME MCDERMOTT, TIM
 STREET ADDRESS 6535 NW 84 AVENUE
 CITY - ST - ZIP MIAMI, FL 33166

TITLE D ☐ Delete
 NAME JAMES, WALTON F
 STREET ADDRESS 9 SIMPSON DRIVE
 CITY - ST - ZIP TRINIDAD, PORT-OF-SPAIN WEST OC

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE C/T ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #