

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003278

1. Entity Name

INTERNATIONAL INSTITUTE FOR HEALTHCARE AND HUMAN DEVELOPMENT INC.

**FILED**  
Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90168 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2602 SAN DOMINGO STREET  
CORAL GABLES FL 33134

2602 SAN DOMINGO STREET  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

90 NANCY MORGAN, ADMIN.

Suite, Apt. #, etc.

269 GIRALDA AVENUE - SUITE 302

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

City & State

Zip

33134

Country

U.S.A.

Zip

Country

4. FEI Number

65-0643642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

TITLE D ☒ Delete  
NAME MCDERNOTT, TIM  
STREET ADDRESS 6535 N.W. 84 AVENUE  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS 2770 PALM AIRE DRIVE NORTH  
CITY-ST-ZIP POMPAHO BEACH, FLA. 33069

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

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: Philip B. Everingham  
TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01 (305)324-5211  
Date Daytime Phone #

CR2E037 (10/00)