

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003278

1. Entity Name

INTERNATIONAL INSTITUTE FOR HEALTHCARE AND HUMAN DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

C/O NANCY MORGAN ADMIN
269 GIRALDA AVE STE 302
CORAL GABLES FL 33134

2602 SAN DOMINGO STREET
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

2602 SAN DOMINGO STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

City & State

CORAL GABLES, FLORIDA

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

Name

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

City

FL

Zip Code

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

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 10850 SW 137TH STREET
CITY-ST-ZIP MIAMI FL 33178
VICE PRESIDENT

TITLE ☐ Change ☒ Addition
NAME SPOS, ANDREW J.
STREET ADDRESS 250 BIRD ROAD - #302
CITY-ST-ZIP CORAL GABLES, FLA. 33146
DIRECTOR

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

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
DIRECTOR

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

TITLE D ☒ Delete
NAME MILLS, JERALD A
STREET ADDRESS 2770 PALM AIRE DRIVE NORTH
CITY-ST-ZIP POMPANO BEACH FL 33069

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

TITLE D ☒ Delete
NAME JAMES, WALTON F
STREET ADDRESS 9 SIMPSON DRIVE
CITY-ST-ZIP TRINIDAD 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 PHILIP B. EVERINGHAM 9/9/02

(305) 547-4592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Oct 02, 2002 8:00 am
Secretary of State

09-17-2002 90104 024 ****61.25

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DO NOT WRITE IN THIS SPACE