

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90093 009 \*\*\*\*70.00

**DOCUMENT # N99000003530**

1. Entity Name

**INSTITUTE OF HEALTH & INT'L DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

400 SE 3RD AVE., SUITE 107  
 HALLANDALE FL 33009

P. O. BOX 4315  
 HALLANDALE FL 33008-4315

2. Principal Place of Business

**201 SW 68 TERRACE**

3. Mailing Address **JIDE B. THOMAS**

**40 HR USAREUR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PEMBROKE PINES, FL**

City & State

**A. P. O., AE**

Zip

Country

Zip

Country

**33023**

**09063-2307**

4. FEI Number **65-0927437**

☒ 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 **THOMAS, JIDE B.**

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

**201 SW 68 TERRACE**

City **PEMBROKE PINES, FL**

Zip Code **33023**

**THOMAS, JIDE B**  
**400 SE 3RD AVE., SUITE 107**  
**HALLANDALE FL 33009**

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.

**N/A**

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	<b>FREE</b>	<input type="checkbox"/> Delete
NAME	<b>JIDE B. THOMAS</b>	
STREET ADDRESS	<b>201 SW 68 TERRACE</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33023</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JIDE B. THOMAS, DIRECTOR</b>	
STREET ADDRESS	<b>201 SW 68th TERR</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES, FL 33023</b>	
TITLE	<b>OPERATION</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOLU THOMAS, DIRECTOR</b>	
STREET ADDRESS	<b>200 SW 68 Terr. Pemb. Pine FL</b>	
CITY-ST-ZIP		
TITLE	<b>ALICE AINA, Mrs.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR</b>	
STREET ADDRESS	<b>7717 Alhambra Bw. Miramar, FL</b>	
CITY-ST-ZIP	<b>33023</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**JIDE B. THOMAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 3, 2000**

Date

Daytime Phone #

**954-981-4267**

CR2037 (9/99)