

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90326 002 ***150.00

DOCUMENT # P00000041552

1. Entity Name
INTERNATIONAL HEALTH-NETWORK, INC.

Principal Place of Business

6161 BLUE LAPOON DRIVE, #360
MIAMI FL 33126

Mailing Address

6161 BLUE LAPOON DRIVE, #360
MIAMI FL 33126

2. Principal Place of Business

6161 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 360

City & State

Miami, Florida

Zip

33126

Country

Dade

3. Mailing Address

6161 Blue Lagoon Drive

Suite, Apt. #, etc.

Suite 360

City & State

Miami, Florida

Zip

33126

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1049923

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORTES, FERNANDO D
6161 BLUE LAPOON DRIVE
SUITE # 360
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

6161 Blue Lagoon Drive

Suite 360

City

Miami

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CORTES, FERNANDO D	
STREET ADDRESS	6161 BLUE LAPOON DRIVE, #360	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, LUIS I	
STREET ADDRESS	6161 BLUE LAPOON DRIVE, #360	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORTES, FERNANDO D	
STREET ADDRESS	6161 BLUE LAPOON DRIVE, #360	
CITY-ST-ZIP	MIAMI FL 33126	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(Correction)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6161 Blue Lagoon Drive, # 360	
CITY-ST-ZIP	Miami, Florida 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	(Correction)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6161 Blue Lagoon Drive, #360	
CITY-ST-ZIP	Miami, Florida, 33126	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/02

Date

(305) 266-6500

Daytime Phone #

CR2E034 (9/01)