

2001
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107247

1. Entity Name

INTERNATIONAL HEALTH AND
MANAGEMENT, CORP.

Principal Place of Business

Mailing Address

2. Principal Place of Business

8004 NW 154 St.

3. Mailing Address

16300 NE 19 Ave

Suite, Apt. #, etc.

PMB # 249

Suite, Apt. #, etc.

C

City & State

Miami Lakes FL

City & State

North Miami Beach FL

Zip

33016

Country

USA

Zip

33162

Country

USA

4. FEI Number

65-1141606

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

FERNANDO SILVA

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

16300 NE 19 Ave

Suite C.

City

N. Miami Beach

FL

Zip Code

33162

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 \$550.00
After SEPTEMBER 13, 2000 Min: will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR CARLOS A PONTE 782 NW 42 AVE STE 638 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LOIDA ROTAS 8004 NW 154 St PMB # 249 Miami Lakes FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004638980--5 -10/17/01--01010--004 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

CARLOS A PONTE

10/03/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

01 OCT -9 AM 9:11

DO NOT WRITE IN THIS SPACE

October 4th., 2001

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee FL 32302-1500

Ref.: P00000107247 - INTERNATIONAL HEALTH AND MANAGEMENT, CORP

Dear Sir or Madam:

I would like to let you know that we HAVE NOT RECEIVE ANY FORM BY MAIL to renew the Corporation for year 2001. I made a copy from blank form to try to accomplish with the State Law, please accept my check without penalty.

Take on count that it was not my fault if I did not receive the renewal by mail, only I am trying to comply with the Corporate Renewal for this year.

Please waive any fine. I am not willfully negligent.

Cordially,



CARLOS APONTE
President