

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90014 021 ***150.00

DOCUMENT # P00000107247

1. Entity Name
INTERNATIONAL HEALTH AND MANAGEMENT, CORP.

Principal Place of Business

**8004 NW 154 ST
PMB #249
MIAMI LAKES FL 33016**

Mailing Address

**16300 NE 19 AVE
C
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

5979 N.W. 151 STREET SUITE 237

**Suite, Apt. #, etc.
MIAMI LAKES**

**City & State
FLORIDA**

**Zip
33014**

**Country
USA**

3. Mailing Address

5979 N.W. 151 STREET SUITE 237

**Suite, Apt. #, etc.
MIAMI LAKES**

**City & State
FLORIDA**

**Zip
33014**

**Country
USA**



DO NOT WRITE IN THIS SPACE

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

**SILVA, FERNANDO
16300 NE 19 AVE
SUITE C
NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

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

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 - ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME APONTE, CARLOS
STREET ADDRESS 782 NW 42 AVE STE 638
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ Delete
NAME ROJAS, LOIDA
STREET ADDRESS 8004 NW 154 ST
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME APONTE CARLOS
STREET ADDRESS 5979 N.W. 151 STREET SUITE 237
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS PMB # 249
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ 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:

LOIDA ROJAS - D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
Date

305-3648188
Daytime Phone #

CR2E034 (9/01)