

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90147 039 ***150.00

DOCUMENT # P00000107247



1. Entity Name
INTERNATIONAL HEALTH AND MANAGEMENT, CORP.

Principal Place of Business
59379 NW 151 STREET
STE 237
MIAMI LAKES FL 33014

Mailing Address
59379 NW 151 STREET
STE 237
MIAMI LAKES FL 33014

33003862



2. Principal Place of Business

5979 NW 151 STREET
SUITE 237

3. Mailing Address

5979 NW 151 STREET
SUITE 237

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number 65-1141606

Applied For
Not Applicable

Zip 33014
Country USA

Zip 33014
Country USA

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **APONTE, CARLOS**
STREET ADDRESS **5979 NW 151 STREET STE 237**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

TITLE **D** ☐ **Delete**
NAME **ROJAS, LOIDA**
STREET ADDRESS **8004 NW 154 ST PMB #249**
CITY-ST-ZIP **MIAMI LAKES FL 33016**

TITLE ☒ **Change** ☐ **Addition**
NAME **Matos, Loida**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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 607, 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: *Rojas, Loida* **RE Loida Matos**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03 **305-3648188**

Date

Daytime Phone #

CR2E034 (10/02)