

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006817

1. Entity Name

HEALTH CARE INTERNATIONAL SERVICES, INC.

FILED

Mar 01, 2000 8:00 am  
Secretary of State

03-01-2000 90048 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1835 SOUTH MIAMI AVENUE  
MIAMI FL 33129  
US

1835 SOUTH MIAMI AVENUE  
MIAMI FL 33129-1512  
US

2. Principal Place of Business

3. Mailing Address

600 BRICKELL AVE

600 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 206B

Suite, Apt. #, etc.

SUITE 206B

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

4. FEI Number

65-0393795

Applied For

Not Applicable

Zip

Country

33131

US

Zip

Country

33131

US

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

HUMBERTO, ABELLO  
1835 SOUTH MIAMI AVENUE  
MIAMI FL 33129

Name

HUMBERTO ABELLO

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

600 BRICKELL AVE SUITE 206B

City

MIAMI

FL

Zip Code

33131

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 of person named 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ABELLO, HUMBERTO  
CITY-ST-ZIP 1835 SOUTH MIAMI AVENUE  
MIAMI FL 33129

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS ABELLO, HUMBERTO  
CITY-ST-ZIP 600 BRICKELL AVE SUITE 206B  
MIAMI - FLORIDA 33131

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/00

Date

(305) 374 2636

Daytime Phone #

CR2E034 (9/99)