

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065621

1. Entity Name  
BIO HEALTH INTERNATIONAL CORPORATION

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90064 017 \*\*\*158.75

Principal Place of Business

3505 S. OCEAN DRIVE  
SUITE 1409  
HOLLYWOOD FL 33019

Mailing Address

3505 S. OCEAN DRIVE  
SUITE 1409  
HOLLYWOOD FL 33019

2. Principal Place of Business

2050 NE 163rd Ct

3. Mailing Address

PO Box 601727

Suite, Apt. #, etc.

2nd fl

Suite, Apt. #, etc.

NMB, FL

City & State

NMB, FL

City & State

NMB, FL

Zip

33162

Country

US

Zip

33160-1727

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0526454

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

ROTH, LEONARDO A  
9350 SOUTH DIXIE HWY.  
PENTHOUSE TWO  
MIAMI FL 33156

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ROTH, LEONARDO A.  
9350 SOUTH DIXIE HWY PA-2  
MIAMI FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
RUIZ, JUAN  
2050 NE 163RD ST  
N-MIAMI BCH-FL-33162 ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)