

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085081

1. Entity Name

HEALTHCARE 2000 INTERNATIONAL, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90176 005 ***150.00

Principal Place of Business

12000 BISCAYNE BLVD.
STE 509
NORTH MIAMI FL 33181
US

Mailing Address

12000 BISCAYNE BLVD.
STE 509
NORTH MIAMI FL 33181
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0646276

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREENMAN, IRVING
12000 BISCAYNE BLVD.
STE 509
NORTH MIAMI FL 33181

Name: *Paul J. Leight*
Street Address (P.O. Box Number is Not Acceptable)

12000 Biscayne Blvd. Suite 509
City: *North Miami* FL Zip Code: *33181*

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

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: **CEOD** ☐ Delete
NAME: **LEIGHT, PAUL**
STREET ADDRESS: **12000 BISCAYNE BLVD., SUITE 700 509**
CITY-ST-ZIP: **NORTH MIAMI FL 33181**

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

TITLE: **PD** ☒ Delete
NAME: **SHAPIRO, STEVEN**
STREET ADDRESS: **12000 BISCAYNE BLVD., SUITE 700**
CITY-ST-ZIP: **NORTH MIAMI FL 33181**

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STREET ADDRESS: ☐ Change ☐ Addition
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/01

(305) 891-3895

CR2E034 (10/00)