

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085081

1. Entity Name

HEALTHCARE 2000 INTERNATIONAL, INC.

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

Zip

Zip

Country

4. FEI Number

65-0646276

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

PAUL J. LEIGHT

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

12000 BISCAYNE BLVD. SUITE 509  
City 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO LEIGHT, PAUL 12000 BISCAYNE BLVD., SUITE 700-509 NORTH MIAMI FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, STEVEN 12000 BISCAYNE BLVD., SUITE 700 NORTH MIAMI FL 33181	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 that are empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

(305) 891-3895

Date

Daytime Phone #