

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-10-2003 90182 001 ***150.00

0310916 AV

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

230 N. Dixie Highway
Suite, Apt. #, etc.
BAY 26 + 27
City & State
Hollywood, FL.
Zip
33020
Country
BROWARD

3. Mailing Address

230 N. Dixie Highway
Suite, Apt. #, etc.
BAY 26 + 27
City & State
Hollywood, FL.
Zip
33020
Country
BROWARD



☐ CHECK HERE IF MAKING CHANGES

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

LEIGHT, PAUL J
12000 BISCAYNE BLVD.
STE 509
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

(Same) Leight PAUL J.
Street Address (P.O. Box Number is Not Acceptable)
230 N. Dixie Highway
BAY 26 + 27
City
Hollywood
FL
Zip Code
33020

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
LEIGHT, PAUL
12000 BISCAYNE BLVD., SUITE 509
NORTH MIAMI FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/03 1-954-342-5415

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