

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048324

1. Entity Name

KHOURI HEALTH, INCORPORATED

FILED

Mar 29, 2000 8:00 am  
Secretary of State

03-29-2000 90051 026 \*\*\*150.00

Principal Place of Business

Mailing Address

4761 BAYOU BLVD

4761 BAYOU BLVD

#4

#4

PENSACOLA FL 32507

PENSACOLA FL 32503-2600

2. Principal Place of Business

4761 Bayou Blvd

3. Mailing Address

4761 Bayou Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4

#4

City & State  
PENSACOLA, FL

City & State  
PENSACOLA FL

Zip  
32503

Country

ESCANABA

Zip  
32503

Country

USA

4. FEI Number 59-3388004

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

ROSENBLUM, MICHAEL  
1735 NORTH BARCELONA STREET  
PENSACOLA FL 32501

Name

Same

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

*Michael Rosenblum*

MICHAEL ROSENBLUM

01/22/00

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KHOURI, ANTOINE  
90 AVENUE FELIX FAURE 75015  
PARIS FRANCE

☐ Delete

TITLE  
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CITY-ST-ZIP  
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TITLE  
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ROSENBLUM, MICHAEL  
1735 NORTH BARCELONA STREET  
PENSACOLA FL 32501

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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:

*Michael Rosenblum*

01/27/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)