

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080840

1. Entity Name

INTERNATIONAL MODERN MEDICAL, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90175 028 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1525 S. ANDREWS AVENUE-~~  
~~SUITE 214~~  
~~FT. LAUDERDALE FL 33316~~

~~1525 S. ANDREWS AVENUE~~  
~~SUITE 214~~  
~~FT. LAUDERDALE FL 33316-2548~~

2. Principal Place of Business

3. Mailing Address

1072 Kane Concourse (96th Street) ← Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bay Harbor Florida

Zip 33154

Country USA

Zip

Country

4. FEI Number

65-0783821

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

SHABANAH, VICTOR H DR.

~~1525 S. ANDREWS AVENUE~~ as above in No. 2  
~~SUITE 214~~  
~~FT. LAUDERDALE FL 33316~~

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]*

2/21/2000

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 PD  
NAME SHABANAH, VICTOR H DR. *home address*  
STREET ADDRESS 1525 S. ANDREWS AVENUE, SUITE 214  
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Delete

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

TITLE ST  
NAME SHABANAH, ALEIDA O *home address*  
STREET ADDRESS 1525 S. ANDREWS AVENUE, SUITE 214  
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

2/21/2000

Date

(705) 867-9075

Daytime Phone #

CR2E034 (9/99)