

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90196 032 ***150.00

DOCUMENT # **P91000080840**

1. Entity Name

International Modern Medical, Inc. ✓
(Dba The Body Sculpting & Wellness Center
and soon to add the Miami Vein Clinic)

Principal Place of Business

INTERNATIONAL MODERN MEDICAL INC.
1072 Kane Concourse (96th Street)
Bay Harbor Florida 33154

2. Principal Place of Business

Bay Harbor

3. Mailing Address

as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bay Harbor Florida

City & State

4. FEI Number

65-0783821

Applied For

Not Applicable

Zip

33154

Country

Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Dr. Victor H. SHABANAH, President
INTERNATIONAL MODERN MEDICAL INC.
1072 Kane Concourse (96th Street)
Bay Harbor Florida 33154

7. Name and Address of New Registered Agent

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, 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, 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

TITLE	<i>President</i>	<input type="checkbox"/> Delete
NAME	<i>Dr. Victor H. SHABANAH</i>	
STREET ADDRESS	<i>1072 96th Street</i>	
CITY-ST-ZIP	<i>Bay Harbor Florida 33154</i>	
TITLE	<i>Vice President</i>	<input type="checkbox"/> Delete
NAME	<i>Aleida O. Shabanah</i>	
STREET ADDRESS	<i>1072 96th Street</i>	
CITY-ST-ZIP	<i>Bay Harbor Florida 33154</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Shabanah

4/9/2001

Date

(305)

867-9623

Daytime Phone #

CR2E034 (11/00)