

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 04, 2002 8:00 am**  
**Secretary of State**

07-04-2002 90562 049 \*\*\*158.75

**DOCUMENT # P97000080840**

1. Entity Name

INTERNATIONAL MODERN MEDICAL, INC.

*dba The Greater Miami Vein Clinic*

Principal Place of Business

1072 KANE CONCOURSE  
 96TH AVE  
 BAY HARBOR FL 33154  
 US

Mailing Address

1072 KANE CONCOURSE  
 96TH AVE  
 BAY HARBOR FL 33154  
 US

DULG1005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0783821

Applied For

Not Applicable

Zip

Country

Zip

Country

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.  
 1072 KANE CONCOURSE  
 96TH AVE  
 BAY HARBOR FL 33154

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, 2002 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  
 PD  
 SHABANAH, VICTOR H DR.  
 1072 KANE CONCOURSE 96TH AVE  
 BAY HARBOR FL 33154 ☐ Delete

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

TITLE  
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 BAY HARBOR FL 33154 ☐ Delete

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☐ Change ☐ 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 like empowered.

SIGNATURE:

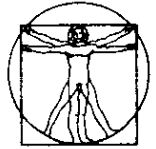
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02 (305) 867-9623  
 Date Day and Phone #

clinic

CR2E034 (9/01)

Attachment  
R#P97000080840



## The Greater Miami Vein Clinic

DR. VICTOR H. SHABANAH, M.D.

Medical Director

(305) 867-9623

(800) 293-1309

6/28/02

I am certain that I paid you the  
150 \$ which was sent with the application.

At this time, since my records are not easy to  
access I am paying it again but when I find  
the cheque that you already cashed then I  
will send it to you and expect you  
to pay it back.

*[Signature]*

P.S. I also want "a Certificate of Status"

$150 + 8.75 = 158.75 \$$

cheque # 2480