

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101329

1. Entity Name

LADY HEALTH SERVICES, INC.

**FILED**  
 00 NOV 30 PM 9:54  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
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2. Principal Place of Business 13793 SW 20 St. Suite, Apt. #, etc.	3. Mailing Address 13793 SW 20 St. Suite, Apt. #, etc.
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City & State Miami, Fl.	City & State Miami, Fl.
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Zip 33175	Country USA	Zip 33175	Country USA
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**REINSTATEMENT** (DO NOT WRITE IN THIS SPACE)

4. FEI Number 65-0800292	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

HORTA, REGLA E. 13793 SW 20 St. Miami, Fl. 33175	Name Horta, Regla E.
	Street Address (P.O. Box Number is Not Acceptable) 13793 SW 20 St.
	City Miami      FL      Zip Code 33175

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 Regla E. Horta      11/28/00  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> After SEPTEMBER 13, 2000 Min. will be \$750.00. Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Horta, Regla E. 13793 SW 20 St. Miami, Fl. 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	800003499788-4 -12/13/00--01071--016 ***750.00 ***750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Sarmiento, Miguel 13793 SW 20 St. Miami, Fl. 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Regla E. Horta      11/28/00      (305) 823-6362  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

000394C

CR2E034 (5/00)

**KE**