

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029357

1. Entity Name

INTEGRAL HEALTH ED CONSULTANTS, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90024 028 \*\*\*150.00

Principal Place of Business

14263 NW 83 PLACE  
MIAMI LAKES FL 33016

Mailing Address

14263 NW 83 PLACE  
MIAMI LAKES FL 33016-5721

A0033923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8585 S.W. 72<sup>ND</sup> STREET

3. Mailing Address

8585 S.W. 72<sup>ND</sup> STREET

Suite, Apt. #, etc.

EAST ATRIUM #90

Suite, Apt. #, etc.

EAST ATRIUM #90

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0824456

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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, 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SANDERS, M. ILIANA	
STREET ADDRESS	14263 NW 83 PLACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ISABEL C	
STREET ADDRESS	14263 NW 83 PLACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, M. ILIANA	
STREET ADDRESS	8585 S.W. 72 STREET #90	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ISABEL C.	
STREET ADDRESS	8585 S.W. 72 STREET #90	
CITY-ST-ZIP	MIAMI, FL 33143	
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		
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:

*Maria Iliana Sanders*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00  
Date

(305) 595-6207  
Daytime Phone #

CR2E034 (9/99)