

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106526

1. Entity Name

UNIVERSAL H-MED CLINIC, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90009 015 \*\*\*150.00

Principal Place of Business

7311 W. OAKLAND PARK BLVD.  
 LAUDERHILL FL 33319

Mailing Address

7311 W. OAKLAND PARK BLVD.  
 LAUDERHILL FL 33319-4959

2. Principal Place of Business

7311 W OAKLAND PARK BLVD  
 Suite, Apt. #, etc.  
 LAUDERHILL

3. Mailing Address

7311 W OAKLAND PARK  
 Suite, Apt. #, etc.

City & State

City & State  
 LAUDERHILL

Zip

FL 33319

Country

BROWARD

Zip

FL 33319

Country

4. FEI Number

65-0882981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LEVIN, YURI  
 7311 W. OAKLAND PARK BLVD.  
 LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name

ELENA DORANE

Street Address (P.O. Box Number is Not Acceptable)

7311 W OAKLAND PARK BLVD  
 LAUDERHILL FL 33319

City

LAUDERHILL

FL

Zip Code

33319

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

*Elena Dorane*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	LEVIN, YURI	
STREET ADDRESS	7311 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	DORAIN, ELENA	
STREET ADDRESS	7311 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVIN, ISABEL	
STREET ADDRESS	7311 W. OAKLAND PARK BLVD.	
CITY-ST-ZIP	LAUDERHILL FL 33319	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORANE ELENA	
STREET ADDRESS	7311 W OAKLAND PARK BLV	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORANE ALLEN	
STREET ADDRESS	7311 W OAKLAND PARK BLV	
CITY-ST-ZIP	LAUDERHILL FL 33319	
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:

*Elena Dorane*

ELENA DORANE

4-10-00

(954) 298-1977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)