

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106993

1. Entity Name

HEALTH R US, INC.



**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90004 024 \*\*\*550.00

Principal Place of Business

1110 BRICKELL AVENUE SUITE 602  
MIAMI FL 33131

Mailing Address

1110 BRICKELL AVENUE SUITE 602  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

294785719

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENITEZ, LEO ESQ  
122 MINORCA AVE  
CORAL GABLES FL 33134

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPST  
KALIL, ABDALA  
1110 BRICKELL AVENUE SUITE 602  
MIAMI FL 33131



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
JANE, JULIO  
1110 BRICKELL AVENUE SUITE 602  
MIAMI FL 33131



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

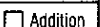


12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



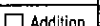
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



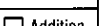
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



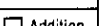
TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 (305) 381-7200  
Date Daytime Phone #