

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S81153

1. Entity Name

INTERNATIONAL HEALTH VENTURES II, INC.

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

05-08-2000 90077 027 \*\*\*158.75

Principal Place of Business  
 AMERICAN MEDICAL PLAZA  
 11880 S.W. 40TH STREET, SUITE #405  
 MIAMI FL 33175  
 US

Mailing Address  
 AMERICAN MEDICAL PLAZA  
 11880 S.W. 40TH STREET, SUITE #405  
 MIAMI FL 33175-3575  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0289015**  
 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

MUDD, JOHN  
 11880 S.W. 40TH STREET  
 SUITE 405  
 MIAMI FL 33175

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MUDD, JOHN P.	
STREET ADDRESS	11880 S.W. 40TH STREET, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORIEGA, RUDY	
STREET ADDRESS	11880 S.W. 40TH STREET, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHAEFER, PAUL	
STREET ADDRESS	11880 S.W. 40TH STREET, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MIRANDA, ELDA	
STREET ADDRESS	11880 S.W. 40TH STREET, #405	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diaz, Mayra	
STREET ADDRESS	11880 Bird Road, #405	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lincoln, Timothy	
STREET ADDRESS	11880 Bird Road, #405	
CITY-ST-ZIP	Miami, FL 33175	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Portal, Ana	
STREET ADDRESS	11880 Bird Road, #405	
CITY-ST-ZIP	Miami, FL 33175	
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: Elda Miranda Elda Miranda, Secretary 4/10/00 (305) 221-1900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)