

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

027723 AV

DOCUMENT # S81153

1. Entity Name

INTERNATIONAL HEALTH VENTURES II, INC.

03-07-2002 90049 019 ***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 US
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2. Principal Place of Business 5601 North Dixie Highway Suite, Apt. #, etc. Suite 420 City & State Ft. Lauderdale, FL Zip 33334	3. Mailing Address 5601 North Dixie Highway Suite, Apt. #, etc. Suite 420 City & State Ft. Lauderdale, FL Zip 33334
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0289015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MUDD, JOHN 11880 S.W. 40TH STREET SUITE 405 MIAMI FL 33175	7. Name and Address of New Registered Agent Name MUDD, JOHN Street Address (P.O. Box Number is Not Acceptable) 5601 North Dixie Highway Suite 420 City Ft. Lauderdale FL Zip Code 33334
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 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	PD MUDD, JOHN P. 11880 S.W. 40TH STREET, #405 MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5601 North Dixie Highway, #420 Ft. Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORIEGA, RUDY 11880 S.W. 40TH STREET, #405 MIAMI FL <input checked="" 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	VPD DIAZ, MAYRA 11880 S.W. 40TH STREET, #405 MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD, S DIAZ, MAYRA 5601 North Dixie Highway, #420 Ft. Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIRANDA, ELDA 11880 S.W. 40TH STREET, #405 MIAMI FL <input checked="" 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	VPD LINCOLN, TIMOTHY 1180 BIRD ROAD, #405 MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5601 North Dixie Highway, #420 Ft. Lauderdale, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PORTAL, ANA 11880 BIRD ROAD, #405 MIAMI FL 33175 <input checked="" 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: _____

Mayra Diaz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/02

(954) 202-1998

Date

Daytime Phone #

CR2E034 (9/01)