

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State
 09-11-2000 90001 042 ***150.00

DOCUMENT # **P960000092119**
 1. Entity Name
AB DIAGNOSTIC TESTING *P*

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 7050 SW 156 CT
 Suite, Apt. #, etc.
 City & State Miami FL
 Zip Country 33193 Country

4. FEI Number 65-0706304 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

A0075709

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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 <input type="checkbox"/> Delete	DP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTALVO, VICTOR	NAME	
STREET ADDRESS	7050 SW 156 CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	DS	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, ANA	NAME	
STREET ADDRESS	14472 SW 139 AVE CIR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE: *[Signature]* Date: 8-31-00 Daytime Phone #: 305-825-3900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

attachment NOC#: P960000092119
A0075709

TO: DIVISION OF CORPORATIONS
FROM: AB DIAGNOSTIC TESTING

~~PLEASE BE ADVISED THAT OUR ADDRESS HAS CHANGED,~~
THAT IS WHY WE SUBMITTED THIS FORM LATE.
MAIL DO NOT GET TO OUR CORRECT ADDRESS.

SORRY FOR ANY INCONVIENCE


ANA M MARTINEZ