

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2000 8:00 am**  
**Secretary of State**

05-20-2000 90012 011 \*\*\*150.00

DOCUMENT # *P98000078463*

1. Entity Name  
*MIAMI DADE MRI, INC* ✓

Principal Place of Business  
*50 NW 51 PL*  
*SUITE 3*  
*MIAMI, FL 33126-5048*

Mailing Address  
*50 NW 51 PL*  
*SUITE 3*  
*MIAMI, FL 33126-5048*

*00089509*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0863815		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Zip		Country		Country	
MIAMI, FL		33173		MIAMI, FL		33173	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Name <i>PENA, HECTOR M</i>				Name <i>PENA, HECTOR M</i>			
Street Address (P.O. Box Number is Not Acceptable) <i>50 NW 51 PL</i> <i>MIAMI, FL 33126</i>				Street Address (P.O. Box Number is Not Acceptable) <i>6831 SW 95 AVE</i>			
City <i>MIAMI</i>				City <i>MIAMI</i>		Zip Code <i>33173</i>	

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]* *HECTOR M PENA / PRESIDENT* DATE *4/27/00*

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.  (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 <i>PD</i>	NAME <i>PENA, HECTOR M</i>	<input type="checkbox"/> Delete	TITLE <i>PD</i>	NAME <i>PENA, HECTOR M</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>5368 SW 90 COURT</i>	CITY-ST-ZIP <i>MIAMI, FL 33165</i>		STREET ADDRESS <i>6831 SW 95 AVE</i>	CITY-ST-ZIP <i>MIAMI, FL 33173</i>	
TITLE <i>VD</i>	NAME <i>SANZ NATALIA</i>	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>5368 SW 90 COURT</i>	CITY-ST-ZIP <i>MIAMI, FL 33165</i>		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE <i>VD</i>	NAME <i>RUBEN RODRIGUEZ</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS <i>50 NW 51 PL</i>	CITY-ST-ZIP <i>MIAMI FL, 33126</i>	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		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]* *HECTOR M PENA* DATE *4/27/00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)