

662 **2001 UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90091 012 ***150.00

0144087

DOCUMENT # P98000078463
 1. Entity Name
MIAMI DADE M R I, INC.

| | |
|-----------------------------------------------------------------------|-----------------------------------------------------------|
| Principal Place of Business 50 NW 51 PL STE 3 MIAMI FL 33126 | Mailing Address 50 NW 51 PL STE 3 MIAMI FL 33126 |
|-----------------------------------------------------------------------|-----------------------------------------------------------|

| | |
|----------------------------------------------------------------------|-----------------------------------------------------------|
| 2. Principal Place of Business 5822 SW 8ST Suite, Apt. #, etc. | 3. Mailing Address 5822 SW 8 ST Suite, Apt. #, etc. |
|----------------------------------------------------------------------|-----------------------------------------------------------|

| | |
|--------------------------------|--------------------------------|
| City & State WEST MIAMI, FL | City & State WEST MIAMI, FL |
| Zip 33144 | Country |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PENA, HECTOR M
6831 SW 95 AVE
MIAMI FL 33173

4. FEI Number **65-0863815** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP | PD PENA, HECTOR M 5368 SW 90 COURT MIAMI FL 33165 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6831 SW 95 AVE MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SANZ, NATALIA 5368 SW 90 COURT MIAMI FL 33165 <input 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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 power like empowered.

SIGNATURE: _____ **04/24/01** **(305) 261-8299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)