

2001 UNIFORM BUSINESS REPORT (UBR)

ny

0006924 AF

DOCUMENT # A97000002837

1. Entity Name

OPEN MAGNETIC IMAGING OF PEMBROKE PINES, LTD.

FILED

01 APR 18 PM 12:15

Principal Place of Business
801 SOUTH UNIVERSITY DRIVE
SUITE K103A
PLANTATION FL 33324

Mailing Address
801 SOUTH UNIVERSITY DRIVE
SUITE K103A
PLANTATION FL 33324

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

330 S. FLAMINGO Rd

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, FL

City & State

4. FEI Number 65-0779361

Applied For
Not Applicable

Zip 33027 Country USA

Zip Country

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

6. Name and Address of Current Registered Agent

DELGADO, MARIO R ESQ.
2151 S. LEJUENE ROAD, SUITE 202
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. \$505,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000011115
NAME TESLA, INC.
STREET ADDRESS 801 SOUTH UNIVERSITY DRIVE, STE. K103A
CITY-ST-ZIP PLANTATION FL 33324

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REGU Nelson Acosta

4-11-01

423-8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (11/00)