

2002 UNIFORM BUSINESS REPORT (UBR)

0011303 A1

DOCUMENT # **A97000002837**

1. Entity Name

OPEN MAGNETIC IMAGING OF PEMBROKE PINES, LTD.

FILED

02 MAY -1 PM 5: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**330 S. FLAMINGO ROAD
PEMBROKE PINES FL 33027**

Mailing Address

**801 SOUTH UNIVERSITY DRIVE, SUITE K103A
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0779361 65-0801858

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELGADO, MARIO R ESQ.

2151 S. LEJUENE ROAD, SUITE 202

CORAL GABLES FL 33134

Name

Mario R. Delgado, P.A.

Street Address (P.O. Box Number is Not Acceptable)

2000 Ponce De Leon Blvd.

#102

City

Coral Gables

FL

Zip Code

33134

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.

DATE

9. Capital Contributions

\$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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

954-3434100

Date

Daytime Phone #

CR2E003 (9/01)