

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K72423

1. Entity Name

A.J. DIAGNOSTIC CENTER, INC.

Principal Place of Business

3780 W 12 AVE
HIALEAH FL 33012

Mailing Address

3780 W 12 AVE
HIALEAH FL 33012

2. Principal Place of Business

3772 W 12 Ave

Suite, Apt. #, etc.

3. Mailing Address

3772 W 12 Ave

Suite, Apt. #, etc.

City & State

HIALEAH FLORIDA

City & State

HIALEAH FLORIDA

Zip

33012

Country

DADE

Zip

33012

Country

DADE

4. FEI Number

65-0118968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, RAFAEL E. JR.
9360 SUNSET DRIVE
SUITE 287
MIAMI FL 33173

7. Name and Address of New Registered Agent

Name

RODRIGUEZ RAFAEL E. JR

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

9500 SOUTH DADLAND BLVD SUITE 608

City

MIAMI

FL

Zip Code

33156

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. 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

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	GALENDEZ, ESTHER	
STREET ADDRESS	3780 W 12 AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/22/01

(305) 557-7777

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90009 023 ***150.00