

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **AMENDMENT 442274**

1. Entity Name
PREVENTIVE MEDICINE TESTING. CTR, INC
DBA GLOBAL MRO

Principal Place of Business
5201 RAVENSWOOD RD
SUITE 121
FORT LAUDERDALE, FL
33312

Mailing Address
1244 FILLMORE ST
HOLLYWOOD, FL
33019

2. Principal Place of Business
5201 RAVENSWOOD RD
Suite, Apt. #, etc.
SUITE 121
City & State
FORT LAUDERDALE
Zip
33312 Country
BROWARD

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
59-2742219
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARIA E. RODRIGUEZ
1244 FILLMORE ST
HOLLYWOOD, FL 33019

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 _____ DATE _____
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MARIA E.	
STREET ADDRESS	1244 FILLMORE ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ	
STREET ADDRESS	1244 FILLMORE ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
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	100003400781--4	
STREET ADDRESS	-09/21/00--01024--016	
CITY-ST-ZIP	*****61.25 *****61.25	
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
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: **Maria E. Rodriguez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/7/00** Daytime Phone # **954 963-7763**

091100

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 12 PM 2:41

CR2E034 (9/99)