

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000014658**

1. Entity Name

DADE MASTERLINK CORPORATION

Principal Place of Business

**14603 SW 174TH STREET
MIAMI FL 33177**

Mailing Address

**14603 SW 174TH STREET
MIAMI FL 33177**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0981300

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CAICEDO, SANTANA
14603 SW 174TH STREET
MIAMI FL 33177**

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 reissuing)

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	PSD	<input type="checkbox"/> Delete
NAME	CAICEDO, SANTANA	
STREET ADDRESS	14603 SW 174TH STREET	
CITY-ST-ZIP	MIAMI FL 33177	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/01

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

08-16-2001 90009 049 ***150.00



DO NOT WRITE IN THIS SPACE

CFR2034 (10/00)

Attachment

12281

Miami, September 5, 2001

DIVISION OF CORPORATIONS

P.O.Box 1500

Tallahassee, FL.32302-1500

Ref: DADE MASTERLINK CORPORATION

Number: P00000014658

Attached please find copy of the 2,001 Uniform Bussines Report (UBR) and your latter of August 17, 2.001. For mistake not was completed Block 4 and our Federal Employer Identification is 65-0981300.

We sent you on March 23,2.001 the amount of \$150.00,complying with the established dealline. Please proced to adjust our records accordingly.

Sincerely,



SANTANA CAICEDO

Dade Masterlink Corp.

President

Phone (305) 812 8659