

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 04, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000018502**1. Entity Name  
**B&R DIAGNOSTICS, INC.****Principal Place of Business**

4372 SW 149 COURT

MIAMI  
33185

FL

**Mailing Address**

4372 SW 149 COURT

MIAMI  
33185

FL

**2. Principal Place of Business**

7400 N. KENDALL DR.

Suite, Apt. #, etc.  
210City & State  
MIAMI

FL

Zip  
33156

Country

**3. Mailing Address**

7400 N. KENDALL DR.

Suite, Apt. #, etc.  
210City & State  
MIAMI

FL

Zip  
33156

Country

**4. FEI Number****65-0986161**

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****BEHAR MOISES**  
4372 SW 149 COURTMIAMI  
33185

FL

**7. Name and Address of New Registered Agent****Name****BEHAR MOISES**Street Address (P.O. Box Number is Not Acceptable)  
7400 N. KENDALL DR.

210

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 **MOISES BEHAR**

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

(NOTE: Registered Agent signature required when reinstating)

**01/04/2001**

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	DVP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ RICHARD	
STREET ADDRESS	4372 SW 149 COURT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BEHAR MOISES	
STREET ADDRESS	4372 SW 149 COURT	
CITY-ST-ZIP	MIAMI FL 33185	
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ RICHARD	
STREET ADDRESS	7400 N. KENDALL DR. STE.210	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHAR MOISES	
STREET ADDRESS	7400 N. KENDALL DR. STE.210	
CITY-ST-ZIP	MIAMI FL 33156	
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		
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: MOISES BEHAR**

DP

01/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)