

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91638 001 *****8.75
05-18-2001 91638 002 ***150.00

DOCUMENT # P00000022201

1. Entity Name
UNITECH DIAGNOSTICS, INC.

Principal Place of Business
8887 SW 12TH STREET
MIAMI FL 33174

Mailing Address
8887 SW 12TH STREET
MIAMI FL 33174

2. Principal Place of Business
2401 E. 8th AVE

3. Mailing Address

City & State
HIALEAH FLORIDA

City & State

Zip
33013

Country
USA

Zip

Country

4. FEI Number
05-0991276

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
YANES, MIGUEL
8887 SW 12TH STREET
MIAMI FL 33174

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP
V	YANES, MIGUEL	8887 SW 12TH STREET	MIAMI FL 33174
PD	YANES, OSCAR	8887 SW 12TH STREET	MIAMI FL 33174

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
SECRETARY	MIGUEL YANES	8887 SW 12 STREET	MIAMI FL 33174
VICE-PRESIDENT	RAFAEL DIAZ-GUZMAN	8887 SW 12th STREET	MIAMI FL 33174

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: Oscar Yanes 4/26/01 305-694-0686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)