

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State
 09-12-2001 90015 037 ***550.00

MS0720 AV

DOCUMENT # P00000027521

1. Entity Name
B.J. DIAGNOSTIC GROUP, INC.

Principal Place of Business
9361 SOUTHWEST 163RD PLACE
MIAMI FL 33196

Mailing Address
9361 SOUTHWEST 163RD PLACE
MIAMI FL 33196

LUZ/BOG



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0991844

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PSTD**
 STREET ADDRESS **BOGANI, LUZ**
 CITY-ST-ZIP **9361 SOUTHWEST 163RD PLACE**
MIAMI FL 33196 ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VD**
 STREET ADDRESS **BOGANI, HUMBERTO**
 CITY-ST-ZIP **9361 SOUTHWEST 163RD PLACE**
MIAMI FL 33196 ☐ Delete

TITLE
 NAME **VD** ☒ Change ☐ Addition
 STREET ADDRESS **BOGANI, HUMBERTO J.**
 CITY-ST-ZIP **9361 SW 163 Place**
MIAMI FL 33196

TITLE
 NAME **VD**
 STREET ADDRESS **BOGANI, NATHALIA**
 CITY-ST-ZIP **9361 SOUTHWEST 163RD PLACE**
MIAMI FL 33196 ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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

9/7/01

Date

305-218-4721

Daytime Phone #

CR2E034 (5/01)