

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029780

1. Entity Name

DIAGNOSTICS TESTING SERVICES, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1757 CORAL WAY

1800 NE 114TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 1010

City & State

MIAMI FL

City & State

NORTH MIAMI, FL

Zip

33145

Country

USA

Zip

33181

Country

USA

4. FEI Number

65-0993445

Applied For

Not Applicable

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

ROBERT GOLDSTEIN
1150 KANE CONCOURSE SUITE 402
BAL HARBOR, FLORIDA 33154

Name

ROBERT GOLDSTEIN

Street Address (P.O. Box Number is Not Acceptable)

1800 NE 114TH ST APT 1010

City

N. MIAMI

FL

Zip Code

33181

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

Robert Goldstein

ROBERT GOLDSTEIN

5/1/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Robert Goldstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01
Date

(305) 389-5524
Daytime Phone

00055666

DO NOT WRITE IN THIS SPACE

CRZE034 (11/00)