

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000116851

1. Entity Name

MOLI MEDICAL &amp; DIAGNOSTIC CENTER, INC.

Principal Place of Business

11180 WEST FLAGLER ST.  
SUITE 15  
SWEETWATER, FL 33174

Mailing Address

11180 WEST FLAGLER ST.  
SUITE 15  
SWEETWATER, FL 33174

2. Principal Place of Business

10300 SUNSET DRIVE  
Suite, Apt. #, etc.  
# 435

3. Mailing Address

10300 SUNSET DRIVE  
Suite, Apt. #, etc.  
# 435

City &amp; State

MIAMI, FL

Zip

33193

Country

33193

Country

33193

City &amp; State

City &amp; State

MIAMI, FL

4. FEI Number

65-1063840

Applied For

Not Applicable

5. Certificate of Status Desired

 \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MORELL, RUBEN D

14742 SW 58TH ST.

MIAMI, FL 33193

Name

JOSE JAVIER

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

14742 SW 58TH ST

City

MIAMI

FL

33193

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 re-registering)

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREL, RUBEN D		NAME	
STREET ADDRESS	14742 SW 58TH ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAVIER, JOSE F		NAME	
STREET ADDRESS	14742 SW 58TH ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33193		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02

Date

Daytime Phone #

CR2E034 (9/01)

2002 UBR