

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90142 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021366

1. Entity Name

Eduard Diagnostic Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 S.W. 1st Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 133528

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Hialeah, Florida

4. FEI Number

65-1084981

Applied For

Not Applicable

Zip

33135

Country

Miami-Dade

Zip

33013

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
Echevarria, Eduardo (PSD)
STREET ADDRESS
1800 S.W. 1st Street
CITY-ST-ZIP
Miami, Florida 33135

TITLE
NAME
Echevarria, Maximo (VD)
STREET ADDRESS
1650 LeJeune Rd., #103
CITY-ST-ZIP
Coral Gables, FL 33134

TITLE
NAME
Gonzalez, Fernando (D)
STREET ADDRESS
465 E. 28th St., Apt. #015
CITY-ST-ZIP
Hialeah, Florida 33013

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 (305) 605-5073
Daytime Phone #

CR2E034B (12/01)