

7/29

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

07-29-2002 90004 016 ***150.00

DOCUMENT # P01000028501

1. Entity Name

ARTEMISA DIAGNOSTIC MOBILE CORPORATION

Principal Place of Business

9360 FONTAINE BLEAU BLVD.

APT. D202

MIAMI FL 33172

Mailing Address

9360 FONTAINE BLEAU BLVD.

APT. D202

MIAMI FL 33172

40963



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1735 NW 7ST

Suite, Apt. #, etc.

N/A

3. Mailing Address

10230 SW 32 ST

Suite, Apt. #, etc.

N/A

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33125

Country MIAMI

DADE

Zip

33165

Country MIAMI

DADE

4. FEI Number

651102133

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARTEAGA, JOSE A

9360 FONTAINE BLEAU BLVD.

APT. D202

MIAMI FL 33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

07/21/02

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 13, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ARTEAGA, JOSE A	9360 FONTAINE BLEAU BLVD. APT. D202	MIAMI FL 33172	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VD	LEAL, LAZARO	9000 SW 24TH ST #21	MIAMI FL 33165	<input checked="" type="checkbox"/>

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	LEAL, LAZARO	10230 SW 32 ST MIAMI, FL	33165	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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 information.

SIGNATURE: SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/02

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

PO1000028501/

40963

Artenisa Diagnostic Mobile Corp.
10230 S.W. 32nd Street
Miami, Florida 33165

July 24, 2002

Division of Corporation

Ref. Antenisa Diagnostic Mobile Corp.
10230 S.W. 32nd Street
Miami, Florida 33165

Old Address 9360 Fontainebleau Blvd.
Miami, Florida 33172

Enclosed please find my check for the amount of \$150.00 for renewal on the above mention business. As per our conversation with Mr. Rob on 7/23/02 I advises him that I had never received any renewal notice; and he advised me to sent in the renewal amount of \$150.00. My new address is listed above.

Thank you, so much for your attention in this matter.

Lazaro L. Cal
President

