

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90026 024 ***150.00

DOCUMENT # P01000044952

1. Entity Name
GOLDCOAST ULTRASOUND INSTITUTE INC.

Principal Place of Business

5420 W. 21ST CT., 313
HIALEAH FL 33016

Mailing Address

5420 W. 21ST CT., 313
HIALEAH FL 33016

2. Principal Place of Business

210 SW 15A TERRACE

3. Mailing Address

P.O. Box 266347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

Weston, Florida

4. FEI Number

65-1140603

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLADARES, RAUL
8517 NW 7TH ST., 304
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name Valladares Raul

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

Raul Valladares

Registered Agent

1/31/2002

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MAYLI	
STREET ADDRESS	5420 W. 21ST CT., 313	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	S	<input type="checkbox"/> Delete
NAME	VALLADARES, RAUL	
STREET ADDRESS	8517 NW 7TH ST.	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez Mayli	
STREET ADDRESS	P.O. Box 266347	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valladares Raul	
STREET ADDRESS	P.O. Box 266347	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED
President

Date

Daytime Phone #

1/31/2002 954 732 5959

CR2E034 (9/01)