

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90169 007 ***150.00

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DOCUMENT # P01000044952

1. Entity Name
GOLDCOAST ULTRASOUND INSTITUTE INC.



Principal Place of Business
**210 SW 159 TERRACE
FORT LAUDERDALE FL 33326**

Mailing Address
**P.O. BOX 266347
FORT LAUDERDALE FL 33326**

2. Principal Place of Business

7420 NW 5TH ST

3. Mailing Address

P.O. BOX 266347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 111

City & State

City & State

Plantation FL

WESTON FL

Zip

Country

Zip

Country

33317

USA

33326

USA

4. FEI Number **65-1140603**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

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)
210 SW 159TH TERR
City **SUNRISE** FL Zip Code **33326**

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 **VALLADARES, RAUL SECRETARY** *Raul Valladares* **4-11-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HERNANDEZ, MAYLI**
STREET ADDRESS **P.O. BOX 266347**
CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE **S** ☐ Delete
NAME **VALLADARES, RAUL**
STREET ADDRESS **8517 NW 7TH ST.**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **S** ☐ Delete
NAME **VALLADARES, RAUL**
STREET ADDRESS **P.O. BOX 266347**
CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **HERNANDEZ, MAYLI**
STREET ADDRESS **P.O. BOX 266347**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **VALLADARES, RAUL**
STREET ADDRESS **210 SW 159TH TERR**
CITY-ST-ZIP **SUNRISE, FL 33326**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **VALLADARES, RAUL**
STREET ADDRESS **P.O. BOX 266347**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03 (954) 321-5855

Date

Daytime Phone #

CR2E034 (10/02)