

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000073404

1. Entity Name

PAN AMERICAN DIAGNOSTICS, INC.

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90059 034 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8993 NW 6th CT

3. Mailing Address

P.O. Box 16095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

PLANTATION, FL

4. FEI Number

651124240

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33318

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name AUGUSTO J. LECUONA

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

8993 NW 6th CT.

City PLANTATION, FL

FL

Zip Code

33324

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] President

AUGUSTO J. LECUONA PRESIDENT

4/06/02

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

PRESIDENT
AUGUSTO J. LECUONA
8993 NW 6th CT
PLANTATION, FL 33324

STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME

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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

Date

Daytime Phone #

4/06/02

(954) 370-3386