

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90112 016 \*\*\*150.00

DOCUMENT # **P02000089608**



1. Entity Name  
**TRIMAGE PROHEALTH DIAGNOSTIC CORP.**

Principal Place of Business  
**1500 SW 76 AVE.  
MIAMI FL 33144**

Mailing Address  
**1500 SW 76 AVE.  
MIAMI FL 33144**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DURAN, ARGELIO  
1065 EAST 21 STREET  
HIALEAH FL 33013**

Name **Jorge Barrie**

Street Address (P.O. Box Number is Not Acceptable)  
**1500 SW. 76 Th. Ave.**

City **Miami** FL Zip Code **33144**

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 **(Jorge Barrie) president** **4/14/03**  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DURAN, ARGELIO</b>	
STREET ADDRESS	<b>1065 EAST 21 STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DURAN, ROSARIO</b>	
STREET ADDRESS	<b>1065 EAST 21 STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
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	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jorge Barrie</b>	
STREET ADDRESS	<b>1500 SW. 76 Th. Ave.</b>	
CITY-ST-ZIP	<b>Miami, FL 33144</b>	
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		

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: **Jorge Barrie**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03** **(305) 269-7180**  
Date Daytime Phone #

CR2E034 (10/02)