

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046320

1. Entity Name  
STATEWIDE DIAGNOSTIC INC.

Principal Place of Business

9488 25ST  
HIALEAH FL 33012  
US

Mailing Address

P O BOX 442350  
MIAMI FL 33144  
US

2. Principal Place of Business

948 E 25 ST  
Suite, Apt. #, etc.  
HIALEAH FL 33013  
City & State

3. Mailing Address

SAME  
Suite, Apt. #, etc.

Zip

33013

Country

DADE

Zip

Country

6. Name and Address of Current Registered Agent

HOLKO, VIRGINIA R  
110 ROYAL PALM ROAD  
APT. 318  
HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

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.

SIGNATURE

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 \$550.00**  
**After September 12, 2001 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 ☐ Delete  
NAME P  
STREET ADDRESS HOLKO, VIRGINIA  
CITY-ST-ZIP 110 ROYAL PALM ROAD, #318  
HIALEAH GARDENS FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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:

*Virginia R. Holko*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90161 004 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

0043828 AV

CR2E034 (5/01)

09-04-2001

Attachment  
# 1-93060046320  
12203

**STATEWIDE DIAGNOSTIC INC.**

September 4, 2001

Florida Department of State  
Division Of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

By means of this letter I would like to bring to your attention the following, on April 24<sup>th</sup> 2001, I sent via US mail a completed 2001 Uniform Business Report with the corresponding fees, and it's been more than 90 days and I have not received any form of response. On August 23<sup>rd</sup>, 2001, I called your office in regards to this matter, unfortunately, I did not get the name of the person whom I talked with but she told me to write a letter detailing what has happen. According to the conversation with your representative a letter was sent to me due to a missing signature, for an addition made to the corporation.

Also, about 3 weeks ago I received correspondence from you saying that I had to re submit the 2001 Uniform Business Report and with it send \$550, which I think is incorrect since I had previously sent the money due. Enclosed with this letter you will find a copy of the 2001 UBR form as well as a copy of the cancelled check for the required amount. I ask you to please correct any and all incorrect information on your system in regards to this matter.

If you should have any questions in regards to this matter please don't hesitate to contact me at (305) 820-0095 or via mail.

Thnaks,

*V.R. Holko*  
Virgina R Holko  
President

Attachment  
# P93000046320  
12803



STATEWIDE DIAGNOSTIC INC.

1588

Date 04-24-01

63-398/670  
85

Pay to the order of Department of State

\$ 158.75

one hundred and fifty eight

75/100

Dollars

**Barnett**

037-085  
15400 N.W. 77th Court  
Miami Lakes, Florida 33016

For ANNUAL Report 2001

Virginia R. Helko

⑈001588⑈

⑈067003985⑈

⑈596050153⑈

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046320

1. Entity Name  
STATEWIDE DIAGNOSTIC INC.

Attachment

12803

Principal Place of Business  
948 E 25 ST  
HIALEAH FL 33012  
US

Mailing Address  
P O BOX 442350  
MIAMI FL 33144  
US

2. Principal Place of Business  
948 E. 25 ST.  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
HIALEAH FL 33013  
Zip  
33013 Country  
DADE

City & State  
Zip  
Country

4. FEI Number 65-0422396 ☒ Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

HOLKO, VIRGINIA R  
110 ROYAL PALM ROAD  
APT. 318  
HIALEAH GARDENS FL 33016

## 7. Name and Address of New Registered Agent

Name  
EDGARDO PUGLIA  
Street Address (P.O. Box Number is Not Acceptable)  
8631 SW 16th TERRACE  
City MIAMI FL Zip 33155

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable. (If New Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW!!! FEE \$500.00  
After MAY 1, 2001 Fee will be \$200.00  
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	P HOLKO, VIRGINIA 110 ROYAL PALM ROAD, #318 HIALEAH GARDENS FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: Virginia R Holko  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2001  
Date

Daytime Phone #