

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90008 027 \*\*\*158.75

**DOCUMENT # P93000046320**

1. Entity Name  
**STATEWIDE DIAGNOSTIC INC.**

Principal Place of Business Mailing Address  
~~040 E 25ST~~ 1800 SW 1 ST ~~040 E 25ST~~ STATEWIDE DIAGNOSTIC INC.  
~~MIAMI FL 33135~~ STE 318. ~~MIAMI FL 33135~~ P.O. BOX 442350  
~~US~~ MIAMI, FL. 33135 ~~US~~ MIAMI, FL. 33144-9350



2. Principal Place of Business 1800 SW. 1 ST.  
 3. Mailing Address STATEWIDE DIAGNOSTIC INC.

Suite, Apt. #, etc. 318  
 Suite, Apt. #, etc. P.O. BOX 442350

City & State MIAMI, FL.  
 City & State MIAMI, FL.

Zip 33135 Country DADE  
 Zip 33144-9350 Country DADE

4. FEI Number 65-0422396

Applied For  
 Not Applicable

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

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

04-23-02

Date Daytime Phone #

CR2E034 (9/01)