

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013145

1. Entity Name

EVERGLADES DIAGNOSTICS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90067 048 ***150.00

Principal Place of Business

10640 NW 26TH PLACE
SUNRISE FL 33322

Mailing Address

10640 NW 26TH PLACE
SUNRISE FL 33322-1014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0556680

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

MAZURE, PHILIPPE
8650 SW 109TH AVE #109
MIAMI FL 33173

Name MAZURE, PHILIPPE

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

1409 JAY COURT

City HOMESTEAD

FL

Zip Code 33035

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 \$150.00
After MAY 1, 2000 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 D ☒ Delete
NAME MAZURE, PHILIPPE
STREET ADDRESS 8650 SW 109TH AVE #109
CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Change ☐ Addition
NAME MAZURE, PHILIPPE
STREET ADDRESS 1409 JAY COURT
CITY-ST-ZIP HOMESTEAD, FL. 33035

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIPPE MAZURE

3-14-00

Date

305-247-2804

Daytime Phone #

CR2E034 (9/99)