

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019593

1. Entity Name  
**NEUROSCAN, INC.**

Principal Place of Business  
**1825 PONCE DE LEON BLVD. STE. 223  
CORAL GABLES FL 33134**

Mailing Address  
**1825 PONCE DE LEON BLVD. STE. 223  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0575761**

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

**RAMIREZ, ROBERT A  
1825 PONCE DE LEON BLVD. STE. 223  
CORAL GABLES FL 33134**

Name

**MANUEL RAMIREZ**

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

**1825 PONCE DE LEON BLVD**

**STE 223**

City

**CORAL GABLES**

FL

Zip Code

**33134**

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 **MANUEL RAMIREZ** **PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-23-01**

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, 2001 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RAMIREZ, ROBERT A</b>	
STREET ADDRESS	<b>7812 ALHAMBRA BLVD.</b>	
CITY-ST-ZIP	<b>MIRAMAR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RAMIREZ, MANUEL A</b>	
STREET ADDRESS	<b>7812 ALHAMBRA BLVD.</b>	
CITY-ST-ZIP	<b>MIRAMAR FL 33023</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MANUEL RAMIREZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-01 (305) 528-0259**  
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)