

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90130 010 ***150.00

DOCUMENT # P95000052177

1. Entity Name

R & A MEDICAL TESTING CORP.

Principal Place of Business

Mailing Address

~~7575 WEST FLAGLER ST.
 SUITE 208
 MIAMI FL 33144~~

~~7575 WEST FLAGLER ST.
 SUITE 208
 MIAMI FL 33144-2469~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4160 WEST 16 AVE

4160 WEST 16 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 205

Suite 205

City & State

City & State

Hialeah 33012

Hialeah FL

Zip

Country

Zip

Country

FL

U.S.

33012

U.S.

4. FEI Number **65-0592912**

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

**HERNANDEZ, RICARDO
 7575 WEST FLAGLER ST.
 SUITE 208
 MIAMI FL 33144**

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 \$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	PD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, RICARDO	
STREET ADDRESS	7575 WEST FLAGLER ST., SUITE 208	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 of another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ricardo Hernandez 4/18/00 (305) 558-6855

CR2E034 (9/99)