

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061839

1. Entity Name

K.M.R. DIAGNOSTIC EQUIPMENT INC.

Principal Place of Business

5951 NW 151 ST.
#107
MIAMI LAKES FL 33014

Mailing Address

5951 NW 151 ST.
#107
HIALEAH FL 33014-2405

2. Principal Place of Business

594 EAST 9TH
Suite, Apt. #, etc.
Suite # C

3. Mailing Address

KMR DIAGNOSTIC EQUIPMENT, INC.

594 East 9th Street Suite C

City & State

HIALEAH FL

City & State

Hialeah, FL 33010

4. FEI Number

65-0605206

Applied For

Not Applicable

Zip

33010

Country

DADE

Zip

Country

DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, NIEVE
5951 NW 151 ST
STE 107
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

ANDRES RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
594 EAST 9th Street Suite-C

City

HIALEAH

FL

Zip Code

33010

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

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	VALDES, NIEVE	
STREET ADDRESS	5951 NW 151 ST- #107	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRES RODRIGUEZ	
STREET ADDRESS	594 EAST 9th Street Suite C	
CITY-ST-ZIP	HIALEAH FL 33010	
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		
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90079 005 ***150.00

626696



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)