2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063917

Country

CAPITAL CONNECTION INC.

9. This corporation is eligible to satisfy its Intangible

PEREZ-GURRI, DIANE

7980 CORAL WAY

SIERRA, TERESITA

7980 CORAL WAY

SUAREZ, ORLANDO

7980 CORAL WAY

MIAMI FL 33155

MIAMI FL 33155

MIAMI FL 33155

Tax filing requirement and elects to do so.

417 E. VIRGINIA STREET

TALLAHASSEE FL 32301

STE. 1

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

11.

TITLE

NAME

TITLE

NAME

TITLE

MARKE

NAME

TITLE

NAME

NEURO-VASCULAR TESTING, INC.

Principal Place of Business 7980 CORAL WAY MIAMI FL 33155	Mailing Address 7980 CORAL WAY MIAMI FL 33155-6550	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>
City & State	City & State	

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

☐ Delete

☐ De!ete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

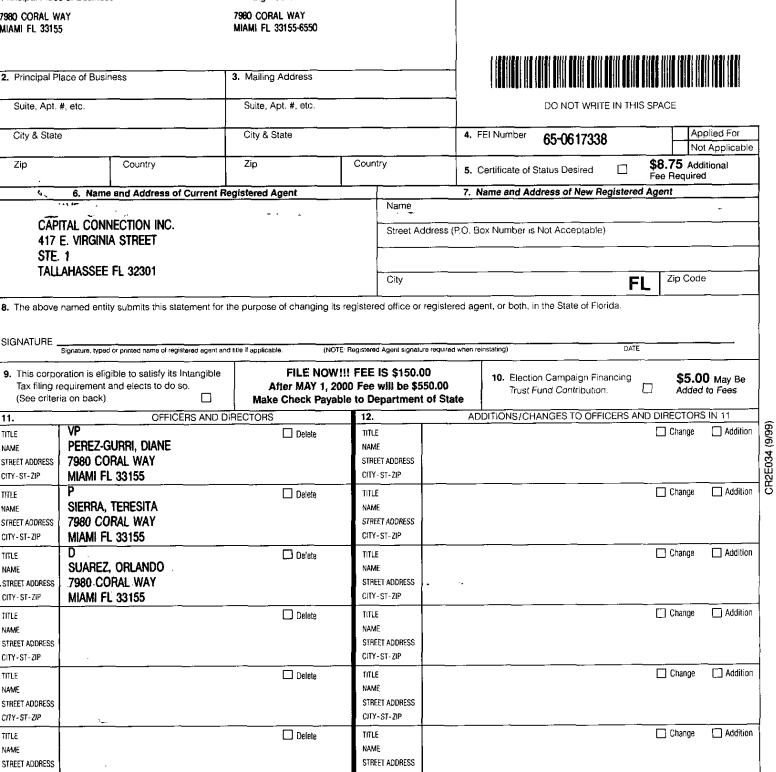
CITY-ST-7IP

Name

City

FILED Feb 28, 2000 8:00 am Secretary of State

02-28-2000 90068 018 ***150.00



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: