

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90039 015 \*\*\*150.00

DOCUMENT # P95000081501  
 1. Entity Name  
**FUTURE DIAGNOSTIC CORP ✓**

Principal Place of Business Mailing Address <sup>TH</sup>  
**1149 SW 25<sup>TH</sup> AVE #305 MIAMI FL 33135** **1149 SW 25<sup>TH</sup> AVE #305 MIAMI FL 33135**

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 **65-0623846** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**ANDRES W. LOPEZ**  
**1149 SW 25<sup>TH</sup> AVE #305**  
**MIAMI FL 33135**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GALANTER, ADOLFO M.</b> <input type="checkbox"/> Delete <b>1149 SW 25<sup>TH</sup> AVE #305</b> <b>MIAMI FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JDS SIGAL, MARCELO</b> <input type="checkbox"/> Delete <b>1149 SW 25<sup>TH</sup> AVE #305</b> <b>MIAMI FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UD ORNSTEIN, EDUARDO D.</b> <input type="checkbox"/> Delete <b>1149 SW 25<sup>TH</sup> AVE #305</b> <b>MIAMI FL 33135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS SEGAL, JOSIE M.</b> <input checked="" type="checkbox"/> Delete <b>100 N BISCAYNE BLVD STE 2609</b> <b>MIAMI FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **305-643-6455**

CR2E034 (9/99)