

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90004 016 ***150.00

DOCUMENT # P95000086611

1. Entity Name
J.A.C. DIAGNOSTICS, INC.

Principal Place of Business
18260 NE 19TH AVE.
SUITE 103
NORTH MIAMI BEACH FL 33179

Mailing Address
18260 NE 19TH AVE.
SUITE 103
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business
6067 Hollywood Blvd
Suite, Apt. #, etc.
3rd Floor

3. Mailing Address
6067 Hollywood Blvd
Suite, Apt. #, etc.
3rd Floor

City & State
Hollywood FL

City & State
Hollywood FL

Zip
33024 **Country**
Broward

Zip
333024 **Country**
Broward

4. FEI Number **65-0627061**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUGLIELMO, JERRY
18260 NE 19TH AVE., SUITE 103
N. MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name **Jerry Guglielmo**
Street Address (P.O. Box Number is Not Acceptable)
6067 Hollywood Blvd
3rd Floor
City **Hollywood FL** **Zip Code** **33024**

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  **Jerry C. Guglielmo** **Jan 28, 02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PVD** ☐ **Delete**
NAME **GUGLIELMO, JERRY**
STREET ADDRESS **1814 NORTHEAST MIAMI GARDENS DRIVE, #406**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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  **Jerry C. Guglielmo** **Jan 28, 02** **(954) 981-9777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)