

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000049948**

1. Entity Name

AMERICARE INTERNATIONAL DIAGNOSTICS, INC.**FILED**
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90142 019 ***150.00

Principal Place of Business

Mailing Address

**20 NW 181ST STREET
MIAMI FL 33169****20 NW 181ST STREET
MIAMI FL 33169-5033**

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

65-0687969

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****D'ANGELO, JOSEPH DR.
400 POINCIANA DRIVE
HALLANDALE FL 33009**

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	VS	<input checked="" type="checkbox"/> Delete
NAME	HEICHBERGER, MARGARET	
STREET ADDRESS	20 NW 181ST STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input type="checkbox"/> Delete
NAME	D'ANGELO, JOSEPH P DR.	
STREET ADDRESS	20 NW 181ST ST	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEIDEL, HORACE	
STREET ADDRESS	20 NW 181 STREET	
CITY-ST-ZIP	MIAMI, FL 33169	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALLAN, JOEL	
STREET ADDRESS	20 NW 181 STREET	
CITY-ST-ZIP	MIAMI, FL 33169	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCLINDEN, HUGH PATRICK	
STREET ADDRESS	20 NW 181 STREET	
CITY-ST-ZIP	MIAMI, FL 33169	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLTUZ, GENE	
STREET ADDRESS	20 NW 181 STREET	
CITY-ST-ZIP	MIAMI, FL 33169	

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

4/14/00
Date(305) 710-1141
Daytime Phone #

CR2E034 (9/99)