

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90691 001 ***450.00

DOCUMENT # P96000049948

1. Entity Name

AMERICARE INTERNATIONAL DIAGNOSTICS, INC.

Principal Place of Business

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

Mailing Address

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

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, 2002 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	PTD	<input type="checkbox"/> Delete
NAME	D'ANGELO, JOSEPH P DR.	
STREET ADDRESS	20 NW 181ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIDEL, HORACE	
STREET ADDRESS	20 NW 181 STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALLAN, JOEL	
STREET ADDRESS	20 NW 181 STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOLTUZ, GENE	
STREET ADDRESS	20 NW 181 STREET	
CITY-ST-ZIP	MIAMI FL 33169	
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 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROAD, HEYWOOD	
STREET ADDRESS	8146 NW 91 AVENUE	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALLIS, SAMUEL	
STREET ADDRESS	102-01 SPYGLASS WAY	
CITY-ST-ZIP	BOCA RATON, FL 33498	

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:

Joseph D'Angelo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02
 Date

305-770-1141
 Daytime Phone #

CR2E034 (9/01)