

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000076793

1. Entity Name

SELF DIAGNOSTIX, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90187 034 ***150.00

603417



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

500 S OCEAN BLVD
2107
BOCA RATON FL 33432
US

P O BOX 770041
CORAL SPRINGS FL 33077-0041
US

2. Principal Place of Business

3. Mailing Address

7710 NW 71st Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMARAC, FL

4. FEI Number

65-0701863

Applied For

Not Applicable

Zip

Country

Zip

Country

33321

USA

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

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE SUITE 900
SUITE 2
MIAMI FL 33131

Name

AMY C. ROSKIN

Street Address (P.O. Box Number is Not Acceptable)

7710 NW 71st Ct Ste 103

City

TAMARAC

FL

Zip Code

33321

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 ☐ Delete
NAME D
STREET ADDRESS ROSKIN, AMY
CITY-ST-ZIP P O BOX 770041 N/A
CORAL SPRINGS FL 33077

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

TITLE ☐ Delete
NAME D
STREET ADDRESS RICHARDS, JOANNE
CITY-ST-ZIP P O BOX 770041 N/A
CORAL SPRINGS FL 33077

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMY C. ROSKIN

Date

Daytime Phone #

1-10-00