

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA0000078308**

1. Entity Name

HYM Diagnostic Help Services, Corp.

FILED

01 JAN 31 PM 12:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**7500 S.W. 8th Street
Suite 104-A
Miami, FL-33144**

2. Principal Place of Business

**7500 S.W. 8th Street
Suite, Apt. #, etc.
Suite 104-A.**

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33144

Country

MIAMI-DADE

Zip

33144

Country

MIAMI-DADE

4. FEI Number

05-0097178

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

**Hayde Castro
4777 S.W. 5th Street
Miami, FL-33134**

7. Name and Address of New Registered Agent

Name **Dagoberto V. Castro**
Street Address (P.O. Box Number is Not Acceptable)
**7500 S.W. 8th Street -
Suite 104-A.**
City **Miami, FL** Zip Code **33144**

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, 2001, 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 **Pres/Sec/Treas/D** ☒ Delete
NAME **Hayde Castro**
STREET ADDRESS **4777 S.W. 5th Street**
CITY-ST-ZIP **Miami, FL-33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres/D** ☒ Change ☐ Addition
NAME **Dagoberto V. Castro**
STREET ADDRESS **7500 S.W. 8th Street Suite 104-A**
CITY-ST-ZIP **Miami, FL-33144**

TITLE ☐ Change ☐ Addition
NAME **200003656762**
STREET ADDRESS **-02/08/01--01004--026**
CITY-ST-ZIP ******158.75 ****158.75**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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

Dagoberto V. Castro, Pres/Director **01/30/01 (305) 261-7905**

Date

Daytime Phone #