

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90064 007 \*\*\*150.00

**DOCUMENT # P96000079616**

1. Entity Name

**NATIONAL MEDICAL LABORATORY, INC.**

Principal Place of Business

**11349 W FLAGLER ST  
 MIAMI FL 33174  
 US**

Mailing Address

**11349 W FLAGLER ST  
 MIAMI FL 33174  
 US**

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

**65-0696140**

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

**DIAZ, JOSE IGNACIO**

**11349 WEST FLAGLER STREET  
 MIAMI FL 33174**

7. Name and Address of New Registered Agent

Name **DIAZ, JOSE IGNACIO**

Street Address (P.O. Box Number is Not Acceptable)  
**10471 S.W. 40 STREET**

City **MIAMI** FL Zip Code **33165**

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]*

**JOSE IGNACIO DIAZ, PRES. 2/7/02**

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  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>DIAZ, JOSE IGNACIO</b>
STREET ADDRESS	<b>9001 S.W. 92 CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33176</b>
TITLE	<b>VPT</b> <input type="checkbox"/> Delete
NAME	<b>FIGUEREDO, ARMANDO</b>
STREET ADDRESS	<b>17611 S.W. 81 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL 33157</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>GONZALEZ, JUAN B</b>
STREET ADDRESS	<b>957 WEST 28 STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL 33010</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3630 S.W. 128TH AVE.</b>
CITY-ST-ZIP	<b>MIAMI, FLA. 33175</b>
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	

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 a power like empowered.

SIGNATURE:

**JOSE IGNACIO DIAZ (305) 229-0202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)