

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90033 016 ***150.00

DOCUMENT # P96000093396

1. Entity Name

ALL-STATE DIAGNOSTIC, INC.

Principal Place of Business
8433 W. OKEECHOBEE ROAD
2ND FLOOR, SUITE D
HIALEAH GARDENS FL 33016
US

Mailing Address
780 N.W. 42ND AVENUE
SUITE 416
MIAMI FL 33126
US



2. Principal Place of Business
5619 N.W. 74 AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number **65-0707607**

Applied For
 Not Applicable

Zip **33166**

Country

Zip

Country

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

CANLER, ALBERTO
8433 W. OKEECHOBEE ROAD
2ND FLOOR, SUITE D
HIALEAH GARDENS FL 33016

Name **CANLER, ALBERTO**

Street Address (P.O. Box Number is Not Acceptable)
5619 N.W. 74 AVE.

City **MIAMI**

FL

Zip Code **33166**

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 **X**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTS** ☐ Delete
 NAME **CANLER, ALBERTO**
 STREET ADDRESS **8433 W. OKEECHOBEE ROAD, 2ND FLOOR, #D**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**

TITLE **PVTS** ☒ Change ☐ Addition
 NAME **CANLER, ALBERTO**
 STREET ADDRESS **5619 N.W. 74 AVE.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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, without other like empowered.

SIGNATURE: X **ALBERTO CANLER, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/01)