

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000100119**

1. Entity Name

UNIVERSITY MRI MANAGEMENT, INC.

FILED
Apr 24, 2000 08:00 AM
Secretary of State

Principal Place of Business

801 S. UNIVERSITY DR.
STE. C-136A
PLANTATION
33324

FL

Mailing Address

801 S. UNIVERSITY DR.
STE. C-136A
PLANTATION
33324

FL

2. Principal Place of Business
801 S. UNIVERSITY DR.3. Mailing Address
801 S. UNIVERSITY DR.Suite, Apt. #, etc.
STE. K103ASuite, Apt. #, etc.
STE. K103ACity & State
PLANTATION

FL

City & State
PLANTATION

FL

Zip
33324Country
USZip
33324Country
US

4. FEI Number

65-0796620

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

DELGADO MARIO R.P.A.
2151 UJUENE RDCORAL GABLES
33134

FL

7. Name and Address of New Registered Agent

Name

MARIO R. DELGADO, P.A.

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

2151 S. LEJEUNE ROAD

STE 202

City

CORAL GABLES

FL

Zip Code
33134

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 **MARIO R. DELGADO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/24/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ACOSTA NELSON
STREET ADDRESS 801 S. UNIVERSITY DR. STE. C136
CITY-ST-ZIP PLANTATION FL 33324TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME ACOSTA NELSON
STREET ADDRESS 801 S. UNIVERSITY DR. STE. K103A
CITY-ST-ZIP PLANTATION FL 33324TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: MARIO R. DELGADO

04/24/2000