

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019024

1. Entity Name

S & M DIAGNOSTIC, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90069 030 ***150.00

957142

Principal Place of Business

Mailing Address

2742 SW 8 STREET
SUITE 8
MIAMI, FL 33135

2742 SW 8 STREET
SUITE 8
MIAMI, FL 33135

2. Principal Place of Business

2742 SW 8 STREET

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

Country

Zip

Country

33135

6. Name and Address of Current Registered Agent

SASHA I. STONE
14505 SW 43 TERRACE
MIAMI, FL 33175

4. FEI Number

65- 0815458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 ~~PRESIDENT~~ ☒ Delete
NAME ~~SASHA I. STONE~~
STREET ADDRESS ~~14505 SW 43 TERRACE~~
CITY-ST-ZIP ~~MIAMI, FL 33175~~

TITLE ☐ Change ☒ Addition
NAME P
STREET ADDRESS Isaac E. Elbaz
CITY-ST-ZIP 2742 SW 8 ST #8
MIAMI FL 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VP
STREET ADDRESS Francisco M. Vazquez
CITY-ST-ZIP 2742 SW 8 ST #8
MIAMI FL 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Isaac E. Elbaz - Pres.

Date

Apr 30/00 (305) 644-3242

Daytime Phone #

CR2E034 (9/99)