2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020727

1. Entity Name

MIAMI DADE COUNTY MRI, CORP.

FILED
01 APR 23 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7862 NW 62ND street suite B MIAMI, FL 33166	

2. Principal Place of Business	3. Mailing Address
3970 W Flagler st	
Suite, Apt. #, etc. 101	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33134 / Country DADE	Zip / Country

REINSTATEMENT 99-01

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0820576 — Applied For ☐ Not Applicable ☐ SP

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OMAR PEREZ

7. Name and Address of New Registered Agent

Name OMAR PEREZ

Street Address (P.O. Box Number is Not Acceptable) 3970 W FLAGLER street suite 101

City MIAMI 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 X [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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D/PRESIDENT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	OMAR V PEREZ		NAME		
STREET ADDRESS	2280 S.W 132 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	800004192388--1	
STREET ADDRESS			STREET ADDRESS	-05/10/01--01017--012	
CITY-ST-ZIP			CITY-ST-ZIP	***1050.00 ***1050.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 X [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #