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
786.2 NW 62 NO street
Suite B
MIAMI, FL 33166

Mailing Address

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 99-01

4. FEI Number
65-0820576
Applied For
Not Applicable

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, 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

TITLE	D/PRESIDENT	☐ Delete
NAME	OMAR V PEREZ	
STREET ADDRESS	2280 S.W 132 AVE	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	800004192388--1	
STREET ADDRESS	-05/10/01--01017--012	
CITY-ST-ZIP	***1050.00 ***1050.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #