

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED

Jul 13, 2000 8:00 am
Secretary of State

06-07-2000 90432 030 ***150.00

DOCUMENT # P98000026679
1. Entity Name
SERUS DIAGNOSTIC IMAGING SERVICES INC
R

Principal Place of Business
2625 COLLINS AVE #207
MIAMI BEACH FL 33140
Mailing Address
2625 COLLINS AVE #207
MIAMI BEACH FL 33140

2. Principal Place of Business
267 E 49 ST.
Suite, Apt. #, etc.
3. Mailing Address
267 E 49 ST.
Suite, Apt. #, etc.

City & State
HIALEAH FL
Zip
33013
Country
City & State
HIALEAH FL
Zip
33013
Country

4. FEI Number
65-0831814
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

308156

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KUTSENKO RUSSELL
2625 COLLINS AVE #207
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
SERGE EROFEEV
Street Address (P.O. Box Number is Not Acceptable)
267 E 49 ST.
City
HIALEAH FL Zip Code
33013

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
Jaye Erofeev
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KUTSENKO RUSSELL 2625 COLLINS AVE #207 MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EROFEEV SERGE 267 E 49 ST. HIALEAH FL 33013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jaye Erofeev
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)