

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P 98000072749**

1. Entity Name

RADM CORPORATION



03 OCT 27 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1400 NW 72nd AVE

3. Mailing Address

4406 SW 96th ST

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

CANCER CENTER

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

PALM CITY, FL

4. FEI Number

650859562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAIME LOZANO

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

4406 SW 96th STREET

City

PALM CITY

FL

Zip Code

34990

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]

JAIME LOZANO

PRESIDENT

10-23-03

January 1 - May 1 Fee is **\$150.00**

After May 1, Fee is **\$550.00**

Amended UBR is **\$61.25**

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**JAIME LOZANO, P.
4406 SW 96th STREET
PALM CITY, FL 34990**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**700024173797
10/27/03--01112--001 **150.00**

TITLE

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

JAIME LOZANO

10-23-03

305 336 9152

CR2E034B (12/02)

gr 10/20

Divisio

RADM Corporation
4406 SW 96th Street
Palm City, Fl. 34990

10/23/03

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Ref.: Dissolution of Corporation Document # P98000072749

Dear Ms.:

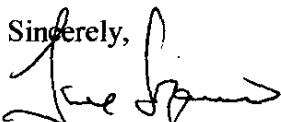
It has just come to our attention, while checking your web site, that RADM Corporation has been dissolved as of 9-19-03, for lack of annual report.

We have not received any notices of any kind from the Department of State since last year. The likely reason is because you do not have an updated address.

The current address is as noted in the header of this page. The Corporation is actively in business at this time. We are including Form UBR and payment with this letter.

Your assistance with this matter is greatly appreciated.

Sincerely,



Jaime Lozano