

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074446

1. Entity Name

DANMARK DIAGNOSTICS, INC.

Principal Place of Business

8468 S.W. 8TH ST.  
MIAMI FL 33174

Mailing Address

8468 S.W. 8TH ST.  
MIAMI FL 33144-4153

2. Principal Place of Business

8218 FLAGLER ST.

3. Mailing Address

8518 S.W. 8th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

\* 144

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33144

Country

DADE

Zip

33144

Country

DADE

4. FEI Number

59-3531182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DISTEFANO, ROBERT  
8468 S.W. 8TH ST.  
MIAMI FL 33174

7. Name and Address of New Registered Agent

Name

JOSE PARADES

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

8468 S.W. 8th St.

City

MIAMI

FL

Zip Code

33144

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-2000

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	DPST	<input checked="" type="checkbox"/> Delete
NAME	DISTEFANO, ROBERT	
STREET ADDRESS	8468 S.W. 8TH ST.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE PARADES	
STREET ADDRESS	8468 S.W. 8th St.	
CITY-ST-ZIP	MIAMI, FL 33144	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4-28-2000

305-261-2489



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)