

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085948

1. Entity Name

UNLIMITED DIAGNOSTIC CENTER, CORP.



FILED

03 NOV -3 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3990 WEST FLAGLER STREET
SUITE 203
MIAMI FL 33134

Mailing Address
PEREZ BEHAR & ASSOC., P.A.
13935 NW 1ST AVENUE
MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0867409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ BEHAR & ASSOC., P.A.
13935 NW 1ST AVENUE
MIAMI FL 33168

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
REY, FERMIN
8770 N.W. 153 TERRACE
MIAMI LAKES FL 33018

☐ Delete

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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 Block 11 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 #

Per. Fermin Rey 1/22/03 305-688-9699



REINSTATEMENT 03

10/11/03

October 26, 2003

**State of Florida Div of Corp
PO Box 6327
Tallahassee, Fl. 32314**

**RE: P98000085948
Unlimited Diagnostic Center, Corp.**

To whom it may concern:

We are sending this letter because our corporation does not show renewed. We sent our renewal form since January 22nd, 2003 with a check for \$150.00. We sent this renewal along with the renewal for M&F Medical Equipment, Corp. This one shows renewed but the above mentioned not. We are enclosing another check and a copy of copy of the report that we filed.

Please update your records accordingly

Yours truly,


**Termin Rey
President**