

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005674

1. Entity Name

CENTRAL DIAGNOSTIC SYSTEMS CORP.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90982 037 ***150.00

Principal Place of Business

1774 S.W. 8TH ST.
SUITE B
MIAMI FL 33125

Mailing Address

1774 S.W. 8TH ST.
SUITE B
MIAMI FL 33135-3507

2. Principal Place of Business

611 N.W. 34th AVE
Suite, Apt. #, etc.

3. Mailing Address

611 N.W. 34th AVE

Suite, Apt. #, etc.

City & State

Miami

Zip

33125

Country

City & State

Miami

Zip

33125

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0890166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FONS, MANUEL
1774 S.W. 8TH ST.
SUITE B
MIAMI FL 33125

Name

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

611 N.W. 34th AVE

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

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

Change

Addition

NAME

FONS, MANUEL

STREET ADDRESS

1774 S.W. 8TH ST. 611 N.W. 34th AVE
MIAMI FL 33125 MIAMI FL 33125

CITY-ST-ZIP

Delete

TITLE

Change

Addition

NAME

Delete

STREET ADDRESS

Delete

CITY-ST-ZIP

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Change

Addition

NAME

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STREET ADDRESS

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CITY-ST-ZIP

Delete

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:

Manuel Fons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)