

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90151 023 ***150.00

DOCUMENT # P99000009367

1. Entity Name
POLI-NEURO IMAGEN CENTER INC.

Principal Place of Business

1790 W 49 ST
SUITE 400-5
HIALEAH FL 33012

Mailing Address

1790 W 49 ST
SUITE 400-5
HIALEAH FL 33012

2. Principal Place of Business

585 E. 49 ST
10

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL.

City & State

4. FEI Number

65-0894551

☒ **Applied For**

☐ **Not Applicable**

Zip

Country

Zip

Country

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

INFANTE, NEREYDA
14297 SW 9 TERRACE
MIAMI FL 33184

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.

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, 2002 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	D	<input checked="" type="checkbox"/> Delete
NAME	INFANTE, NEREYDA	
STREET ADDRESS	14297 SW 9 TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEREYDA INFANTE	
STREET ADDRESS	14213 SW 24 ST	
CITY-ST-ZIP	MIAMI FL 33175	
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: *Nereyda Infante*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/2002

Date

(305) 9532099

Daytime Phone #

CR2E034 (9/01)