

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024157

1. Entity Name

MIAMI DADE DIAGNOSTIC SERVICES, INC.

Principal Place of Business

Mailing Address

5880 N.W. 110 DR.
MIAMI FL 33012

5880 N.W. 110 DR.
MIAMI FL 33012-2568

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

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

GONZALEZ, FRANK
5880 N.W. 110 DR.
MIAMI FL 33012

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, 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 PD ☐ Delete

NAME GONZALEZ, FRANK
STREET ADDRESS 5880 N.W. 110 DR.
CITY-ST-ZIP MIAMI FL 33012

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

FILED

00 NOV -4 AM 9:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

1012

05-23-2000 90267 026 ***150.00

CR2E034 (9/99)

KE

282

10/30/2000



M.D.D.S.

MIAMI DADE DIAGNOSTIC
SERVICES, INC.

7511 NW 73rd. Street
Suite #111
Miami, Fl. 33166

Phone: 305-863-2258
Fax: 305-828-1621

Dear Sir's

This letter is in response to your recent decision to dissolve Miami Dade Diagnostic Services, Inc., (refer to document P99000024157) for Failure to have filled the annual "report for the year 2000". As to a recent phone conversation we had, according to your records the discrepancy had to do with our lack of supplying you with information you requested, specifically our "Tax Id" number.

As we mentioned in our telephone conversation, we never received such request. We apologize for any inconvenience, but would like to make that information available to you.

Our Tax Id. number is 65-0918800

Sincerely,


J. Alfonso

Administration MDDS