

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030353

1. Entity Name

INTEGRATED DIAGNOSTIC TESTING, INC.

Principal Place of Business

1031 IVES DAIRY ROAD, SUITE 228
NORTH MIAMI FL 33179

Mailing Address

1031 IVES DAIRY ROAD, SUITE 228
NORTH MIAMI FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ARVESU, MANUEL M ESQ
2121 PONCE DE LEON BLVD., SUITE 920
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
LAMONACA, NANCY LILIANA
1031 IVES DAIRY ROAD, SUITE 228
NORTH MIAMI FL 33179

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 10 AM 10:36



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0909005 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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-10/19/00--01089--008
****558.75****558.75

09/21/00

09-21-00 (305) 687-3740