

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030439

1. Entity Name

WORLDWIDE MEDICAL LABORATORIES, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90061 035 ***158.75

Principal Place of Business

6846 NORTHWEST 169TH STREET
MIAMI FL 33015

Mailing Address

915 NORTHWEST 1ST AVENUE
APT. H-2013
MIAMI FL 33136-3532

2. Principal Place of Business

6848 NW 169th ST

Suite, Apt. #, etc.

3. Mailing Address

6848 NW 169th ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0909857

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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	<input type="checkbox"/> Delete
NAME	CRUZ, LUIS Y	
STREET ADDRESS	6846 NORTHWEST 169TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WATTS, MICHAEL V	
STREET ADDRESS	6846 NORTHWEST 169TH STREET	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Luis Y. Cruz President

Date

Daytime Phone #

3-7-00 305-556-2600

CR2E034 (9/99)