

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90008 035 \*\*\*150.00

**DOCUMENT # P99000033608**

1. Entity Name  
**DELUXE DIAGNOSTIC, INC.**

Principal Place of Business 1108 PONCE DE LEON BLVD CORAL GABLES FL 33134	Mailing Address 1108 PONCE DE LEON BLVD CORAL GABLES FL 33134
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

4. FEI Number **65-0920117** Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FORS, JORGE L**  
**1108 PONCE DE LEON BLVD**  
**CORAL GABLES FL 33134**

Name **Raymond Arias**  
 Street Address (P.O. Box Number is Not Acceptable) **235 W 49 Street Suite B**  
 City **Hialeah** FL Zip Code **33012**

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 **Raymond Arias (President)** DATE **3-21-01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME D <b>BENITEZ, ARMANDO</b> STREET ADDRESS <b>235 W. 49 ST SUITE B</b> CITY-ST-ZIP <b>HIALEAH FL 33012</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME <b>RAYMOND ARIAS (President)</b> STREET ADDRESS <b>9737 N.W. 41st APT 396</b> CITY-ST-ZIP <b>Miami, FL 33178</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME <b>Barbara Garcia</b> STREET ADDRESS <b>8440 N.W. 17th (Vice president)</b> CITY-ST-ZIP <b>PomPoke Pines</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **(President)** DATE **3-21-01** Daytime Phone # **(305) 823-7494**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)