

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000037584

1. Entity Name

ARQ ELECTRO DIAGNOSTIC, INC.

APPROVED
AND
FILED

02 NOV 13 PM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1378 CORAL WAY

Suite, Apt. #, etc.

3. Mailing Address

1378 CORAL WAY

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0940314

Applied For

Not Applicable

Zip

33145

Country

US

Zip

33145

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ARACELYS QUEVEDO

Street Address (P.O. Box Number is Not Acceptable)

1378 CORAL WAY

City MIAMI

FL

Zip Code
33145

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 (P/D) ARACELYS QUEVEDO
STREET ADDRESS 1378 CORAL WAY
CITY-ST-ZIP MIAMI, FL 33145

TITLE
NAME (V/D) Roberto Quevedo
STREET ADDRESS 1378 Coral Way
CITY-ST-ZIP Miami, FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 #

CR2ED348 (12/01)

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTION I AM ENCLOSING THE 2002 UBR COMPLETED FORM WITH CORRECTIONS. I HAD SUBMITTED SUCH FORM IN MAY 2002 BUT APPARENTLY I NEVER HEARD ANY NOTICE FROM YOUR OFFICE. I HAVE MADE THE CORRECTIONS NECESSARY TO PROPERLY FILE THIS CORPORATION PLEASE BE SO KIND TO WAIVE ANY LATE FEES.

(I never recieved the reject nor the 2nd notice)

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY,

ARACELYS QUEVEDO
PRESIDENT