

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040509

1. Entity Name
MARQUEZ'S DIAGNOSTIC CENTER, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90110 013 ***150.00

Principal Place of Business
1800 SW 1ST STREET, STE. 322
MIAMI FL 33135

Mailing Address
1800 SW 1ST STREET, STE. 322
MIAMI FL 33135

2. Principal Place of Business
1800 SW 1ST STREET
Suite, Apt. #, etc.
215

3. Mailing Address
1800 SW 1ST STREET
Suite, Apt. #, etc.
215

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33135 Country
USA

Zip
33135 Country
USA

4. FEI Number **65-0913998**

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

LUIS MARQUEZ, JORGE
20 WEST 59TH STREET
HIALEAH FL 33012

Name
JORGE L. MARQUEZ
Street Address (P.O. Box Number is Not Acceptable)
20 WEST 59TH STREET
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  **JORGE L. MARQUEZ** 1/25/01
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, 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 STREET ADDRESS CITY-ST-ZIP	P. MARQUEZ, JORGE L 20 W. 59TH ST. HIALEAH FL 33012	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **JORGE L. MARQUEZ** 1/25/01 305-541-6076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)