

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
 05-24-2002 91319 009 ***158.75

DOCUMENT # P99000056857

1. Entity Name
ALL MOBILE DIAGNOSTICS, INC.

Principal Place of Business

**9380 SW 72 STREET
 B-220A
 MIAMI FL 33173**

Mailing Address

**6003 N W 31ST AVENUE
 FORT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

9380 S.W. 72 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B-220A

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33173

MIAMI-FL

4. FEI Number

65-0731548

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

**BOGANI, HUMBERTO L
 9361 SW 163RD PLACE
 MIAMI FL 33196**

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, 2002 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 BOGANI, HUMBERTO 9380 SW 72 STREET STE B-220A FORT LAUDERDALE FL 33309 | <input type="checkbox"/> Delete |
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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 OF HUMBERTO L. BOGANI

4/28/02

(305) 253-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)