

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061880

1. Entity Name

MRI OF THE FLORIDA KEYS, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90057 034 \*\*\*150.00

Principal Place of Business      Mailing Address  
S. U.S. HWY. #1, #S 13-F      1605 S. U.S. HWY. #1, #S 13-F  
FL 33477      JUPITER FL 33477

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
65-0935182      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  
SICHEL, G. DIRK  
1605 S. U.S. HWY. #1, #S 13-F  
JUPITER FL 33477

7. Name and Address of New Registered Agent  
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  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
President / Director      G. Dirk Sichel      1605 S. US Hwy 1, #S13F      Jupiter, FL 33477  
Delete      ☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE      NAME      STREET ADDRESS      CITY-ST-ZIP  
President / Director      G. Dirk      ☐ Change      ☐ 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:      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      4/15/00      561-747-4615      Date      Daytime Phone #

CR2E034 (9/99)