

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am.
Secretary of State

05-02-2001 90116 038 ***150.00

DOCUMENT # P99000076809

1. Entity Name

FATIMA ULTRASOUND, INC.

Principal Place of Business

Mailing Address

7235 CORAL WAY
 209
 MIAMI FL 33155

7235 CORAL WAY
 209
 MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

FATIMA ULTRASOUND, INC. FATIMA ULTRASOUND, INC.

Suite, Apt # etc.

Suite, Apt. #, etc.

7231 CORALWAY

7231 CORALWAY

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33155 U.S.

33155 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0945422**

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

MORENO, NATACHA F
544 SW 121 AVE
MIAMI FL 33184

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]
 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

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	PD MORENO, NATACHA F 544 SW 121 A MIAMI FL 33184	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, ORLANDO E 544 SW 121 AVE. MIAMI FL 33184	<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 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:

[Signature]
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/01
 Date

Daytime Phone #

CR2E034 (10/00)