

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90196 020 ***150.00

DOCUMENT # P99000076809

1. Entity Name
FATIMA ULTRASOUND, INC.

Principal Place of Business

**7231 CORAL WAY
 MIAMI FL 33155**

Mailing Address

**7231 CORAL WAY
 MIAMI FL 33155**

2. Principal Place of Business

7231 CORALWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number
65-0945422

Applied For
 Not Applicable

Zip
33155

Country

Zip

Country

5. Certificate of Status Desired? **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORENO, NATACHA F
 544 SW 121 AVE
 MIAMI FL 33184**

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, 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

TITLE **PD** Delete
 NAME **MORENO, NATACHA F**
 STREET ADDRESS **544 SW 121 A**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE **VD** Delete
 NAME **CASTILLO, NORBERTO**
 STREET ADDRESS **3520 S.W. 2ND ST.**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **AL** Delete
 NAME **AGENCY REYES**
 STREET ADDRESS **12514 SW 211 Terr**
 CITY-ST-ZIP **MIAMI FL 33177**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Change Addition
 NAME **MORENO NATACHA F**
 STREET ADDRESS **544 SW 121 AVE**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Natasha F. Moreno* **NATACHA F. MORENO** 04-22-02 (305) 264-6320
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)