

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106212

1. Entity Name

MELROSE DIAGNOSTIC CENTER, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90092 034 ***150.00

Principal Place of Business

7821 CORAL WAY
SUITE 130A
MIAMI FL 33155

Mailing Address

7821 CORAL WAY
SUITE 130A
MIAMI FL 33155

2. Principal Place of Business

7821 Coral way

3. Mailing Address

7821 Coral way

Suite, Apt. #, etc.

131-A

Suite, Apt. #, etc.

131-A

City & State

Miami FL

City & State

Miami FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

65-0979224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, WILLIAM
13479 SW 62ND STREET
UNIT #5
MIAMI FL 33183

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

William Alvarez / Walummmms

3/8/00

Signature, typed or printed name of registered agent and title if applicable.

(None: 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)

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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 PD
NAME ALVAREZ, WILLIAM
STREET ADDRESS 13479 SW 62ND STREET UNIT #5
CITY-ST-ZIP MIAMI FL 33183

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

William Alvarez / Walummmms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/8/00

Daytime Phone #

(305) 323-0864

CR2E034 (9/99)