

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S95467

1. Entity Name  
RACSO DIAGNOSTIC, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90219 046 \*\*\*150.00

Principal Place of Business

7815 CORAL WAY  
SUITE 105  
MIAMI FL 33155  
US

Mailing Address

PO BOX 441431  
MIAMI FL 33144  
US

A0073874



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7815 Coral Way  
Suite, Apt. #, etc.  
#105

3. Mailing Address

P.O. BOX 441431  
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number 65-0296633

Applied For  
Not Applicable

Zip 33155

Country

Zip 33144

Country

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

6. Name and Address of Current Registered Agent

RUBIDO, PELAYO OSCAR  
7815 CORAL WAY #103  
MIAMI FL 33155

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 Pelayo O. Rubido CEO 7/30/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**"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 PSD  
NAME RUBIDO, PELAYO OSCAR  
STREET ADDRESS 7815 CORAL WAY #103  
CITY-ST-ZIP MIAMI FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

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☐ 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

C.E.O.

Date

7/30/00

Daytime Phone #

CR2E034 (5/00)

July 30th, 2000

Attachment Doc #  
S95467  
A0073874

Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

RE: Renewal Corporations  
Document number: S95467

Enclosed you can find a  
check # 1658 for the amount  
of \$150.00 corresponding to the  
renewal, before this payment  
was sent on 2/1/00 check #  
1637 for the amount of \$150.00  
dollars that you never received  
this payment.

We appreciate your collaboration  
in this matter. If you have  
any questions or not hesitate  
to contact us.  
Thank you  
Diana Vazquez