

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V22026

1. Entity Name

ALFA DIAGNOSTIC MOBILE SERVICES INC.

Principal Place of Business

8370 W FLAGLER ST
SUITE 246
MIAMI FL 33144
US

Mailing Address

8370 W FLAGLER ST
SUITE 246
MIAMI FL 33144
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALACIOS, HECTOR A.
8370 W FLAGLER STREET
SUITE 246
MIAMI FL 33144

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing. ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PALACIOS, HECTOR A.
8370 W FLAGLER ST STE 246
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PALACIOS, GLORIA P.
8370 W FLAGLER St. Ste. 246
MIAMI FL 33144 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PALACIOS, GLORIA P.
8370 W FLAGLER ST STE 246
MIAMI FL ☒ Delete

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Gloria Palacios Y.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01

Date

305-552-7507

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90078 001 *****8.75

04-12-2001 90078 002 ***150.00

35789



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0320663

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

CR2E034 (10/00)