

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90158 048 \*\*\*150.00

**DOCUMENT # P00000058968**

1. Entity Name  
**MAGNIFIED IMAGING SOLUTIONS, INC.**

Principal Place of Business  
**7135 NW 88TH AVE  
 TAMARAC FL 33321**

Mailing Address  
**2231 NW 30TH WAY  
 FT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1014395**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FRAZIER, LARRY JR  
 2231 NW 30TH WAY  
 FT LAUDERDALE FL 33311**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>P</b>	<b>ERSKINE, GEORGE</b>	<b>4405 NW 6TH TERRACE LAUDER HILL FL 33319</b>				
	<b>S</b>	<b>SANCHEZ, ELKIN</b>	<b>9045 NW 55TH CT SUNRISE FL 33351</b>				
	<b>VP</b>	<b>FRAZLER, LARRY</b>	<b>2231 NW 30TH WAY FORT LAUDERDALE FL 33311</b>		<b>VP</b>	<b>Frazier, Larry</b>	<b>8340 N.W. 64th St. Lauderhill, FL 33351</b>

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: *Larry Frazier*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 Date 954-597-7300 Daytime Phone #

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE