

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0475465 AV

DOCUMENT # P01000060068

1. Entity Name
RADIATION IMAGES MEMORY DEVICES, INC.



04-28-2003 90473 038 ***150.00

Principal Place of Business
**715 WEEDON DRIVE NE
ST PETERSBURG FL 33702**

Mailing Address
**715 WEEDON DRIVE NE
ST PETERSBURG FL 33702**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3740208**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUNIS, NAUM
715 WEEDON DRIVE NE
ST PETERSBURG FL 33702**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KUNIS, NAUM	
STREET ADDRESS	715 WEEDON DRIVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAPHAEL NAGLI	
STREET ADDRESS	2601 NE 10 ST.	
CITY-ST-ZIP	HAIA DALE, FL 33009	
TITLE	C	<input type="checkbox"/> Delete
NAME	LEV NAGLI	
STREET ADDRESS	11/11 S APRINCAL ST.	
CITY-ST-ZIP	PETAH-TIQA, WA, 49531 ISRAEL	
TITLE	M	<input type="checkbox"/> Delete
NAME	IGOR FRIEDLAND	
STREET ADDRESS	MOSHE SHAROT 52/51	
CITY-ST-ZIP	HOLON 558533, ISRAEL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF R. KUNIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

Date

127-571-4105

Daytime Phone #

CR2E034 (10/02)