

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 488198

1. Entity Name

SOUTHERN X - RAY CORP.

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

05-30-2002 91594 026 \*\*\*550.00

0136750 4V

95601



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 4575 EAST 10TH LANE  
 HIALEAH FL 33013

Mailing Address  
 4575 EAST 10TH LANE  
 HIALEAH FL 33013

2. Principal Place of Business  
 1010 E 28th STR  
 Suite, Apt. #, etc.

3. Mailing Address  
 1010 E 28th STR  
 Suite, Apt. #, etc.

City & State  
 HIALEAH FL  
 Zip 33013 Country DADE

City & State  
 HIALEAH FL  
 Zip 33013 Country DADE

4. FEI Number 59-1626495 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 VECSESI, ANTHONY T.  
 5120 LA GORCE DRIVE  
 MIAMI BEACH FL 33140

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 *Anthony T. Vecsesi*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/20/02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VECSESI, ANTHONY T	
STREET ADDRESS	5120 LA GORCE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VECSESI, GLORIA	
STREET ADDRESS	5120 LA GORCE DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2034 (9/01)

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 REQUIRED

*Anthony T. Vecsesi*

6/27/02 305 6916666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone