

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90029 017 ***150.00

DOCUMENT # 494197

1. Entity Name

X RAY MEDICAL CORP.

Principal Place of Business

7339 N.W. 79TH TERR.
 MIAMI FL 33166

Mailing Address

7339 N.W. 79TH TERR.
 MIAMI FL 33175-6021

2. Principal Place of Business

13876 S.W. 56 ST

Suite, Apt. #, etc.

229

City & State

MIAMI FL

Zip

33175

Country

3. Mailing Address

13876 S.W. 56 ST

Suite, Apt. #, etc.

229

City & State

MIAMI FL

Zip

33175

Country

4. FEI Number

59-1665800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OSHINSKY, LEONARD
1150 E HALLANDALE BCH BV STE A
HALLANDALE FL 33009

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

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, 2000 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** ☐ Delete

NAME **CARRICABURU, ALFREDO**

STREET ADDRESS **7339 NW 79 TERR.**

CITY-ST-ZIP **MIAMI FL 33166**

TITLE **STD** ☐ Delete

NAME **GARCIA, ELENA C**

STREET ADDRESS **7339 NW 79 TERR.**

CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

13876 S.W. 56 ST #229
MIAMI, FL 33175

TITLE ☒ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

13876 S.W. 56 ST #229
MIAMI FL 33175

TITLE ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/00