

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90257 001 ****74.00
02-07-2002 90257 002 *****1.00

DOCUMENT # 730344

1. Entity Name

ASSOCIATION OF X-RAYS TECHNICIANS IN EXILE, INC.

Principal Place of Business

Mailing Address

450 NW 32 CT
MIAMI FL 33125
US

450 NW 32 CT
MIAMI FL 33125
US

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

NOT APPLICABLE

Applied For

Not Applicable

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

TAVEL, MARIO A., R.T.
450 NORTHWEST 32ND COURT
MIAMI FL 33125

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MUNIZ, OLIMPIA
STREET ADDRESS 7365 SW 38TH COURT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS Same
CITY-ST-ZIP

TITLE VD
NAME VALDEZ FLORES, ZENaida
STREET ADDRESS 10965 SW 25 ST
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS Same
CITY-ST-ZIP

TITLE TD
NAME CANO, LUIS
STREET ADDRESS 140 SW 52 CT
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS Same
CITY-ST-ZIP

TITLE VD
NAME MARTIN, ISABEL
STREET ADDRESS 6498 COLLINS AVE APT 54
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS Same
CITY-ST-ZIP

TITLE SD
NAME TAVEL, MARIO A.
STREET ADDRESS 450 NW 32ND COURT
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS Same
CITY-ST-ZIP

TITLE VD
NAME DELGADO, CARLOS
STREET ADDRESS 1137 SW 4TH STREET #1
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS Same
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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2002

Date Daytime Phone #

CR2E037 (9/01)