

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F47237

1. Entity Name
GR-JAR, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90102 012 ***150.00

Principal Place of Business
2601 SOUTH BAYSHORE DR.
SUITE 500
COCONUT GROVE FL 33133
US

Mailing Address
2601 SOUTH BAYSHORE DR.
SUITE 500
COCONUT GROVE FL 33133
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2125178

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

TAYLOR, LANCE
NAVIX RADIOLOGY SYSTEMS, INC.
2601 S BAYSHORE DR #500
COCONUT GROVE FL 33133

Name

Street Address (P.O. Box Number is Not Accepted)

FL

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, 2001 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 PD
STREET ADDRESS GILMAN, MILES E
CITY-ST-ZIP 2601 S BAYSHORE DR #500
COCONUT GROVE FL

☐ Delete

TITLE
NAME Lance Taylor
STREET ADDRESS 2601 S. Bayshore Dr
CITY-ST-ZIP Coconut Grove, FL 33133

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0157725