

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90002 047 ***550.00

DOCUMENT # M42740

1. Entity Name

ALLIED MOBILE X-RAY, INC.

Principal Place of Business

Mailing Address

8360 W FLAGLER STREET
 SUITE 207
 MIAMI FL 33144

8360 W FLAGLER STREET
 SUITE 207
 MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2741893

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMAR, ERIC
11806 S.W. 108 COURT
MIAMI FL 33176

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P AMAR, ERIC	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS 11806 SW 108 CT		
	CITY-ST-ZIP MIAMI FL		
<input type="checkbox"/> Delete	V WHITMAN, AARON M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS 14450 SW 163 TERRACE		
	CITY-ST-ZIP MIAMI FL		
<input type="checkbox"/> Delete	ST WHITMAN, AARON M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS 14450 SW 163RD TERRACE		
	CITY-ST-ZIP MIAMI FL		
<input type="checkbox"/> Delete	D WHITMAN, LILLIAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	STREET ADDRESS 8 PINTA RD.		
	CITY-ST-ZIP MIAMI FL		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:

AARON WHITMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/5/2000** (305) 220-0333