

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M99000001961

1. Entity Name

WEST PALM IMAGING, L.L.C.

00 APR 17 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

5601 Corporate Way

Suite, Apt. #, etc.

SUITE 307

City & State

WEST PALM BEACH, FL

Zip

33407

Country

USA

3. Mailing Address

401 Sylvan Ave.

Suite, Apt. #, etc.

City & State

Englewood Cliffs, N.J.

Zip

07632

Country

USA

DO NOT WRITE IN THIS SPACE

mm

4. FEI Number

22-3681996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Ameen & Drucker, P.A. (John Ameen)

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

3111 University Drive

SUITE 608

City

Coral Springs

FL

Zip Code

33065

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	Robert L. Farrell	
STREET ADDRESS	401 Sylvan Ave.	
CITY-ST-ZIP	Englewood Cliffs, N.J. 07632	
TITLE	Managing Member	<input type="checkbox"/> Delete
NAME	William O. Farrell	
STREET ADDRESS	401 Sylvan Ave.	
CITY-ST-ZIP	Englewood Cliffs, N.J. 07632	
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		

10. ADDITIONS / CHANGES

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		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Frank P. [Signature] (Manager/Controller) 4/11/00 (201) 541-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)