

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M99000001961

1. Entity Name
WEST PALM IMAGING, L.L.C.

FILED

01 JAN 18 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5601 CORPORATE WAY
SUITE 307
WEST PALM BEACH FL 33407

Mailing Address
401 SYLVAN AVE.
ENGLEWOOD CLIFFS NJ 07632

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 22-3681996

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 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

AMEEN, JOHN
AMEEN & DRUCKER, P.A.
3111 UNIVERSITY DR., STE. 608
CORAL SPRINGS FL 33065

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FARRELL, ROBERT L
401 SYLVAN AVE.
ENGLEWOOD CLIFFS NJ 07632 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003567783-7
-01/23/01--01068--003
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FARRELL, WILLIAM D
401 SYLVAN AVE.
ENGLEWOOD CLIFFS NJ 07632 ☐ Delete

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

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:

Franklin P. ... (Manager/Controller) 1/12/01 (201) 541-2422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)