

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000021385

1. Entity Name

MC X-RAY-SONO, INC.

8260 WEST FLAGLER ST. SUITE 1L 8260 WEST FLAGLER ST. SUITE 1L
MIAMI, FL 33144 MIAMI, FL 33144

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

65-0990555

Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CHIRINO, MARIO

Street Address (P.O. Box Number is Not Acceptable)
8260 WEST FLAGLER ST. SUITE 1L

City MIAMI

FL

Zip Code 33144

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 restate up)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 1
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHIRINO, MARGARITA 8260 WEST FLAGLER ST. SUITE 1L MIAMI, FL 33144	x DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHIRINO, MARIO 8260 WEST FLAGLER ST. SUITE 1L MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CANO, MARIA 3430 N.W. 15TH ST. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CARRION, SILVIO 7150 S.W. 132ND PL. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on attachment with an address, with all other like empowered.

SIGNATURE:

MARIO CHIRINO President

6/17/03

(301) 5406205

Uniform Phone #

88

FILED

03 JUN 19 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100021268931

07/02/03--01019--014 **150.00

DO NOT WRITE IN THIS SPACE

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MC X-Ray-Sono, Inc.

8260 West Flagler Street, Suite 1L
Miami, FL 33144

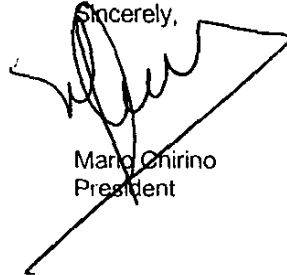
June 13, 2003

Secretary of State
Division of Corporations
P.O. BOX 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please be advised that we did not receive any correspondence from your office, hence, why the payment was overlooked. Enclosed, please find a check in the amount of \$150.00. If you should have any questions or require additional information, do not hesitate to contact the undersigned. Thank you in advance for your anticipated attention regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mario Chirino', is written over a large, hand-drawn 'X' mark.

Mario Chirino
President