

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90677 042 ***150.00

DOCUMENT # P00000028005

1. Entity Name
XCELLENT X-RAY SERVICES, INC.

Principal Place of Business
20630 SW 125TH AVENUE
MIAMI FL 33177

Mailing Address
PO BOX 971331
MIAMI FL 33197-1331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20641 SW 127TH AVE

3. Mailing Address
P.O. Box 971331

Suite, Apt. #, etc.
Naranja

Suite, Apt. #, etc.
MIAMI FL

City & State
MIAMI FL 33032

City & State

4. FEI Number **65-1005645**

Applied For
 Not Applicable

Zip
33032

Country
U.S.A

Zip
33197-1331

Country
U.S.A

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CIPRIAN, MARIBEL
20630 SW 125TH AVENUE
MIAMI FL 33177

7. Name and Address of New Registered Agent

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 \$150.00
After May 1, 2002 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

TITLE **D** ☐ Delete
 NAME **CIPRIAN, MARIBEL**
 STREET ADDRESS **PO BOX 971331**
 CITY-ST-ZIP **MIAMI FL 33197-1331**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY-ST-ZIP

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: **MARIBEL CIPRIAN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-2002
 Date

(305) 609-1545
 Daytime Phone #

CR2E034 (9/01)

Attachment

436508

**X Cellent
X-Ray service**

P.O. Box 971331
Miami FL 33197-1331

#P00000028005

May 16, 2002

~~To whom it may concern:~~

As per conversation today May 16, with Mrs. Diane I explained, that the reason of a late payment was due to a family illness in my country. I left someone in charge of mailing the payment for me, and when I came back in the middle of May I found the envelope on top of my desk. Unfortunately, she forgot.

I called your office and asked if there will be any chance of late payment to be void. Mrs. Diane advised me to mail payment and attached send a letter explaining the reason of late payment and hopefully you can help me since this is my first time on this situation.

Thank you for you assistance in this matter, and of course won't happen again.

Once again thank you in advance for your cooperation.

Sincerely,



Maribel Ciprian

President