

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90112 038 \*\*\*150.00

**DOCUMENT # P01000060023**

1. Entity Name  
**ADVANCED IMAGING SERVICES OF MIAMI, INC.**



Principal Place of Business  
**180 POCATELA ST  
MIAMI SPRINGS FL 33166**

Mailing Address  
**180 POCATELA ST  
MIAMI SPRINGS FL 33166**



2. Principal Place of Business  
**1840 W. 49 ST.  
Suite, Apt. #, etc.  
# 716**

3. Mailing Address  
**1840 W. 49 ST.  
Suite, Apt. #, etc.  
# 716**

City & State  
**HI ALEAH FL**

City & State  
**HI ALEAH FL**

Zip Country  
**33012 USA**

Zip Country  
**33012 USA**

4. FEI Number **65-1116170**

Applied For  
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**PINO, ALFREDO  
180 POCATELA ST  
MIAMI SPRINGS FL 33166**

## 7. Name and Address of New Registered Agent

Name **PINO, ALFREDO**  
Street Address (P.O. Box Number is Not Acceptable)  
**1840 W. 49 ST. # 716**  
City **HI ALEAH FL** Zip Code **33012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALFREDO PINO** DATE **3/6/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **DPT**  
STREET ADDRESS **PINO, ALFREDO**  
CITY-ST-ZIP **180 POCATELA ST  
MIAMI SPRINGS FL 33166**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1840 W. 49 ST. # 716**  
CITY-ST-ZIP **HI ALEAH, FL 33012**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED** **President 3/6/03 (786) 639-0940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)