

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90253 035 ***150.00

DOCUMENT # P02000032004

1. Entity Name
HI-REZ IMAGING NETWORK, INC.



Principal Place of Business
**801 SOUTH UNIVERSITY DRIVE
SUITE K-103A
PLANTATION FL 33324**

Mailing Address
**801 SOUTH UNIVERSITY DRIVE
SUITE K-103A
PLANTATION FL 33324**



2. Principal Place of Business
9000 GOLF GROUP, INC.

3. Mailing Address
9000 GOLF GROUP, INC.

Suite, Apt. #, etc. **#100**

Suite, Apt. #, etc. **#100**

200 N. COMMERCE PKWY

2200 N. COMMERCE PKWY

☒ CHECK HERE IF MAKING CHANGES

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number
04-3627989

☒ Applied For
☒ Not Applicable

Zip
33326

Country
US

Zip
33326

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

Name
MARIO R. DELGADO, P.A.
Street Address (P.O. Box Number is Not Acceptable)
2000 PONCE DE LEON BLVD. #102
City
CORAL GABLES FL Zip Code
33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA, NELSON 801 SOUTH UNIVERSITY DRIVE SUITE K-103A PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **4-23-03** **954-888-6411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)