

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91209 031 \*\*\*150.00

**DOCUMENT # P02000094300**

1. Entity Name  
**A.M. X RAY CORPORATION**



Principal Place of Business  
**4751 W FLAGLER ST. STE #1  
MIAMI FL 33134**

Mailing Address  
**4751 W FLAGLER ST. STE #1  
MIAMI FL 33134**

2. Principal Place of Business  
**4700 NW 7th Suite #4**

3. Mailing Address  
**4700 NW 7th Suite #4**

Suite, Apt. #, etc.  
**#4**

Suite, Apt. #, etc.  
**#4**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**61-1424881**

Applied For  
☐ Not Applicable

Zip  
**33126**

Country  
**Florida**

Zip  
**33126**

Country  
**Florida**

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

**6. Name and Address of Current Registered Agent**

**MONTOTO, ALBERTO  
4751 W FLAGLER ST. STE #1  
MIAMI FL 33134**

**7. Name and Address of New Registered Agent**

Name **Alberto Montoto**  
Street Address (P.O. Box Number is Not Acceptable)  
**4700 NW 7th Suite #4**  
City **MIAMI** FL **33126**

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 **Alberto Montoto (president) x**

DATE **5/12/03**

**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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>MONTOTO, ALBERTO</b> <b>4751 W FLAGLER ST. STE #1</b> <b>MIAMI FL 33134</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Montoto Alberto</b> <b>4700 NW 7th Suite #4</b> <b>MIAMI FL 33126</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Alberto Montoto**

DATE **5/12/03** (305) 567-0886

CR2034 (10/02)