

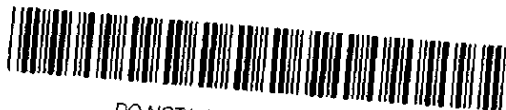
# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076229

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90104 041 \*\*\*150.00

00079431



DO NOT WRITE IN THIS SPACE

1. Entity Name  
**ULTRA MOBIL X-RAYS, INC.**

Principal Place of Business  
**8433 WEST OKEECHOBEE ROAD  
 2ND FLOOR  
 HIALEAH GARDENS FL 33016**

Mailing Address  
**8433 WEST OKEECHOBEE ROAD  
 2ND FLOOR  
 HIALEAH GARDENS FL 33016-2110**

2. Principal Place of Business  
**5619 NW 74 Ave**

Suite, Apt. #, etc.  
**Suite B**

City & State  
**Miami, FL**

Zip  
**33146**

Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip  
 Country

4. FEI Number  
**65-0242810**

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

6. Name and Address of Current Registered Agent  
**HERNANDEZ, ESTEBAN R  
 8433 W. OKEECHOBEE RD.  
 2ND FLOOR  
 HIALEAH GARDENS FL 33016**

7. Name and Address of New Registered Agent  
 Name **Hernandez, Esteban**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5619 NW 74 Ave**  
 Suite **B**  
 City **Miami**  
 State **FL** Zip Code **33146**

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

DATE **4/26/00**

8. Corporation is eligible to satisfy its intangible filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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**

| OFFICERS AND DIRECTORS                                                                  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-----------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
|                                                                                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PVST<br>HERNANDEZ, ESTEBAN R<br>8433 W. OKEECHOBEE RD.<br>HIALEAH GARDENS FL 33016      | <input type="checkbox"/> Delete |                                                       |                                                                   |
| D<br>HERNANDEZ, ESTEBAN R<br>8433 W. OKEECHOBEE RD.<br>HIALEAH GARDENS FL 33016         | <input type="checkbox"/> Delete |                                                       |                                                                   |
| D<br>GUERRERO, ELVIRA<br>8433 WEST OKEECHOBEE RD, 2ND FLOOR<br>HIALEAH GARDENS FL 33160 | <input type="checkbox"/> Delete |                                                       |                                                                   |
|                                                                                         | <input type="checkbox"/> Delete |                                                       |                                                                   |
|                                                                                         | <input type="checkbox"/> Delete |                                                       |                                                                   |
|                                                                                         | <input type="checkbox"/> Delete |                                                       |                                                                   |
|                                                                                         | <input type="checkbox"/> Delete |                                                       |                                                                   |

I 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 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 applicable.

SIGNATURE: **Esteban Hernandez**

CR2E034 (9/99)