FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90362 020 ***150.00

DOCUMENT # P94000076229

1. Entity Name
Ultra Mobile X-Rays, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5619 NW 74 Ave	5619 NW 74 Ave
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc. Suite A
City & State Miami, Fl	City & State Miami, Fl
Zip 33166 Country	Zip 33166 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0534136 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Esteban Hernandez

Street Address (P.O. Box Number is Not Acceptable) 5619 NW 74 Ave

Suite A

City Miami, **FL** Zip Code 33166

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 Esteban Hernandez 4/26/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PVST
NAME	Hernandez, Esteban
STREET ADDRESS	5619 NW 74 Ave Suite A
CITY-ST-ZIP	Miami, Fl 33166
TITLE	D
NAME	Hernandez, Esteban
STREET ADDRESS	(Same as above)
CITY-ST-ZIP	
TITLE	D
NAME	Guerrero, Elvira
STREET ADDRESS	
CITY-ST-ZIP	(Same as above)
TITLE	D
NAME	Vazquez, Juan Alberto
STREET ADDRESS	(Same as above)
CITY-ST-ZIP	
TITLE	D
NAME	Canino, Robert J.
STREET ADDRESS	(Same as Above)
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Esteban Hernandez 4/26/02 305-887-7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #