

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026897

1. Entity Name

QUALITY MOBILE X-RAY INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90033 005 ***150.00

Principal Place of Business

Mailing Address

12101 NW 98TH AVE #9
HIALEAH GARDENS FL 33018
US

12101 NW 98TH AVE #9
HIALEAH GARDENS FL 33018-2944
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0575619

Applied For

Not Applicable

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

DOWELL, BRENDA B
326 SW 191 TERRACE
PEMBROKE PINES FL

Name

STEVEN DIGGS

Street Address (P.O. Box Number is Not Acceptable)

12101 NW 98TH AVE #9

City

Hialeah Gardens

FL

Zip Code

33018

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-00

9. This corporation is eligible to satisfy its Intangible
Tax 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	DOWELL, BRENDA B	326 SW 191 TERRACE	PEMBROKE PINES FL	<input checked="" type="checkbox"/>	VICE PRESIDENT	Bernard Dowell	5509 Chillum Pl. N.E.	WASHINGTON, D.C. 20011	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	DIGGS, STEVEN	12101 NW 98TH AVE	HIALEAH FL 33018	<input type="checkbox"/>	PRESIDENT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN H. DIGGS

Date

Daytime Phone #

3-30-00

CR2E034 (9/99)