

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075720

1. Entity Name
FULL SPECTRUM IMAGING, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90499 042 ***150.00

Principal Place of Business
11869-A N. PINE ISLAND RD.
PLANTATION FL 33322

Mailing Address
11869-A N. PINE ISLAND RD.
PLANTATION FL 33322

1869A N. Pine Isld

00023809



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1869A N. Pine Island Rd

1869 A N. Pine Island Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Plantation FL

City & State
Plantation FL

4. FEI Number 65-0654952

Applied For
Not Applicable

Zip
33322

Country

Zip
33322

Country

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

STEIN, MITCHELL
11869-A N. PINE ISLAND RD.
PLANTATION FL 33322

address incorrect
street # = 1869A

Name

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

City

FL

Zip Code

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]*
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
DPST
STEIN, MITCHELL
1869-A N. PINE ISLAND RD.
PLANTATION FL 33322 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/01 954-916-9000

CR2E034 (10/00)