

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 960000 32118 12**
 1. Entity Name
TRANS-FLORIDA IMAGING, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUN 23 AM 8:33

Principal Place of Business Mailing Address
2620 N AUSTRALIAN AVE **2620 NORTH AUSTRALIAN AVE**
STE 111 **STE 111**
WEST PALM BEACH, FL 33407 **WEST PALM BEACH, FL**
US **33407-5206**

2. Principal Place of Business 3. Mailing Address
4897 NW 6 CT **4897 NW 6 COURT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
PLANTATION, FL **PLANTATION, FL**
 Zip Country Zip Country
33317 **USA** **33317** **USA**

4. FEI Number Applied For
65-0656813 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NAAR, M.D. C
2620 N AUSTRALIAN AVE
STE 111
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent
 Name **CLAUDE A. NAAR MD**
 Street Address (P.O. Box Number is Not Acceptable)
4897 NW 6 COURT
 City **PLANTATION** FL Zip Code **33317**

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 **CLAUDE A. NAAR MD** **CLAUDE A. NAAR MD** **6.15.00**
 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, 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		
TITLE	PRESIDENT <input checked="" type="checkbox"/> Delete	
NAME	NAAR, CLAUDE	
STREET ADDRESS	2620 N AUSTRALIAN AVE, STE 111	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAUDE A. NAAR MD	
STREET ADDRESS	4897 NW 6 COURT, PLANTATION	
CITY-ST-ZIP	FL 33317	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **CLAUDE A. NAAR MD** **CLAUDE A. NAAR MD** **6.15.00** **(954) 792-0576**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)