

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90321 025 \*\*\*150.00

**DOCUMENT # P96000060175**

1. Entity Name  
**A & E X RAY, INC.**

Principal Place of Business  
**1840 W. 49TH STREET**  
**SUITE 420**  
**HIALEAH FL 33012**

Mailing Address  
**1840 W. 49TH STREET**  
**SUITE 420**  
**HIALEAH FL 33012**



2. Principal Place of Business  
**S300 NW 77 CT**

3. Mailing Address  
**S300 NW 77 CT**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FL** City & State **MIAMI FL**

Zip **33166** Country **USA** Zip **33166** Country **USA**

4. FEI Number **65-0672952** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent  
**MALLADA, LUCY**  
**1840 W. 49TH STREET**  
**SUITE 420**  
**MIAMI FL 33012**

7. Name and Address of New Registered Agent  
 Name **MALLADA, LUCY**  
 Street Address (P.O. Box Number is Not Acceptable) **S300 NW 77 CT**  
 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 *X Lucy E. Mallada* DATE **09/26/02**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	<b>PVST MALLADA, LUCY 1840 W. 49 STREET, SUITE 420 HIALEAH FL 33012</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST MALLADA, LUCY S300 NW 77 CT MIAMI, FL 33166</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Lucy E. Mallada* **305-231-0501** **09/26/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)