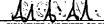
## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P96000083993** Apr 22, 2000 8:00 am Secretary of State MULTIMED IMAGING, INC. 04-22-2000 90096 036 \*\*\*150.00 Mailing Address Principal Place of Business 1740 SW 93RD COURT 1740 SW 93RD COURT MIAMI FL 33165-7739 MIAMI FL 33165 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0700759 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required \_\_ . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALI, ALI Street Address (P.O. Box Number is Not Acceptable) 1740 SW 93RD COURT MIAMI FL 33165 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition D ☐ Delete TITLE TITLE NAME ALI, ALI NAME 1740 SW 93RD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAM! FL 33165 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:



ALINABIED

4-14-00

305-552-9332

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Daytime Phone #