

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90169 044 ***150.00

DOCUMENT # P97000008104

1. Entity Name
X RAYS ON WHEELS CORP.

Principal Place of Business
717 PONCE DE LEON BLVD
338
MIAMI FL 33134

Mailing Address
11716 SW 143RD AVE
MIAMI FL 33186

2. Principal Place of Business
42 NW 27 AVE
 Suite, Apt. #, etc.
304C

3. Mailing Address
42 NW 27 AVE
 Suite, Apt. #, etc.
304C

City & State
MIAMI Florida
 Zip
33125
 Country
USA

City & State
MIAMI Florida
 Zip
33125
 Country
USA

4. FEI Number **65-0722256**

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

LORENZO, JOSE W
11716 SW 143 AVE.
MIAMI FL 33186

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 Jose W. Lorenzo Jose W. LORENZO President 4/28/2001

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. (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 **P** ☐ Delete
 NAME **LORENZO, JOSE W**
 STREET ADDRESS **11716 SW 143 AVE.**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **LORENZO JOSE W P/D** ☒ Change ☐ Addition
 NAME **LORENZO JOSE W**
 STREET ADDRESS **11716 SW 143 AVE**
 CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **ST** ☒ Delete
 NAME **LORENZO, MARILYN**
 STREET ADDRESS **11716 SW 143 AVE.**
 CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)