

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90043 014 ***150.00

03:35:56 AM

DOCUMENT # P97000052898

1. Entity Name

QUALITY PORTABLE X-RAY, INC.

Principal Place of Business

12101 NW 98TH AVE. #9 *change*
 HIALEAH GARDENS FL 33016

Mailing Address

12101 NW 98TH AVE. #9 *change*
 HIALEAH GARDENS FL 33016

2. Principal Place of Business

4350 W SUNRISE BLVD
 Suite, Apt. #, etc.
 112

3. Mailing Address

4350 W SUNRISE BLVD
 Suite, Apt. #, etc.
 112

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0765089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAJOR, ULEE M
 12101 NW 98TH AVE. #9
 HIALEAH GARDENS FL 33016

7. Name and Address of New Registered Agent

Name

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

SAME AS ABOVE

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

Ulee Major

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, 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

TITLE **P** ☐ Delete
 NAME **MAJOR, ULEE M**
 STREET ADDRESS **12101 NW 98TH AVE. #9**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33016**
4350 W SUNRISE BLVD Suite 112 Plantation, FL 33313

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Ulee Major

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02 (954) 585-0840

Date

Daytime Phone #

CR2E034 (9/01)