

AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040750

1. Entity Name

B, L, X-RAY CORP.

FILED

00 NOV -3 PM 2:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

15501 SW 144th Ct.
MIA, FL 33177

Mailing Address

15501 SW 144th Ct.
MIA, FL 33177

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Amended UBR

4. FEI Number

65-0833258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BULNES, GLADYS
8240 SW 32 ST.
MIA, FL 33155

7. Name and Address of New Registered Agent

Name

CINMAN, BERNARDO

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

15501 SW 144th Ct.

City

MIAMI

FL

Zip Code

33177

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

Bernardo Cinman BERNARDO CINMAN

11/1/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D/P			<input checked="" type="checkbox"/>
	BULNES, GLADYS	8240 SW 32 ST.	MIA, FL 33155	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P/D			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	CINMAN, BERNARDO	15501 SW 144th Ct.	MIA, FL 33177		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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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:

Bernardo Cinman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00

Date

(305) 232-3139

Daytime Phone #

CR2E034 (9/99)