## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P99000016009 1. Entity Name ADVANCED IMAGING SUPPLY, INC. 04-17-2001 90153 005 \*\*\*150.00 Principal Place of Business Mailing Address 13279 SW 124TH STREET 13279 SW 124TH STREET MIAMI FL 33186 MIAMI FL 33186 UUUUUUUUU 2. Principal Place of Business 3. Mailing Address 13279 SW 120 3279 SW 12 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0895282 Florida ±101199 Not Applicable nami Lame \$8.75 Additional Country Dage 5. Certificate of Status Desired 33186 33186 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ACUNA, SANDRA Street Address (P.O. Box Number is Not Acceptable) 13279 SW 124TH STREET **MIAMI FL 33186** Zip Code City 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. Passage (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing Tax filing regulrement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES:TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete TITLE NAME ACUNA, MARTIN JR NAME 13256 SW 110 TER #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ☐ Change ☐ Addition ■ Delete TITLE TITLE ACUNA, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS 13256 SW 110 TER #3 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ACUNA, MARTIN JR Change Addition TITLE □ Delete TITI F 151085W 140th court. NAME NAME STREET ADDRESS STREET ADDRESS Miami 1 Fl. 33186 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE ACUNA, SANDEA NAME NAME 140th court STREET ADDRESS STREET ADDRESS 15108 SW CITY-ST-ZIP CITY-ST-ZIP Miaml, FI ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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