

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90176 005 ***150.00

DOCUMENT # P99000016009

1. Entity Name
ADVANCED IMAGING SUPPLY, INC.



Principal Place of Business
13279 SW 124TH STREET
MIAMI FL 33186

Mailing Address
13279 SW 124TH STREET
MIAMI FL 33186

2. Principal Place of Business
13851 SW 139 COURT
Suite, Apt. #, etc.
Miami, Florida
City & State

3. Mailing Address
13830 SW 112 ST. Unit 109
Suite, Apt. #, etc.
Miami Florida
City & State



☐ CHECK HERE IF MAKING CHANGES

Zip
33186
Country
DATE

Zip
33186
Country
DATE

4. FEI Number **65-0895282** **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

OSORIO, SANDRA
13279 SW 124TH STREET
MIAMI FL 33186

Name **Sandra Osorio**
Street Address (P.O. Box Number is Not Acceptable)
13830 SW 112 ST. Unit #109
City **Miami, FL** **Zip Code** **33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sandra Osorio**

01-21-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACUNA, MARTIN JR 15108 SW 140TH CT MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACUNA, SANDRA 15108 SW 140TH CT MIAMI FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSORIO, SANDRA 13830 SW 112 ST APT 109 MIAMI FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Sandra Osorio**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-03 **(305) 278185**
Date **Daytime Phone #**

CR2E034 (10/02)