

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105548

1. Entity Name

A-1 MOBILE MRI, INC.

Principal Place of Business

4200 NW 16TH STREET  
SUITE 305  
LAUDERHILL FL 33313

Mailing Address

4200 NW 16TH STREET  
SUITE 305  
LAUDERHILL FL 33313

2. Principal Place of Business

1352 NE 163<sup>rd</sup>

Suite, Apt. #, etc.

N.M.B FL

City & State

3. Mailing Address

1352 NE 163<sup>rd</sup>

Suite, Apt. #, etc.

N.M.B FL

City & State

Zip 33162

Country US

Zip 33162

Country US

6. Name and Address of Current Registered Agent

ROUSSO, MARK E  
2875 N.E. 191ST STREET  
PH 3A  
AVENTURA FL 33180

4. FEI Number 65-0966017

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

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

TITLE PST  
NAME SOTO, ANGEL L  
STREET ADDRESS 4200 NW 16TH STREET SUITE 305  
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Delete

TITLE VPD  
NAME SOTO, ANGEL L  
STREET ADDRESS 4200 NW 16TH STREET SUITE 305  
CITY-ST-ZIP LAUDERHILL FL 33313 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

*Angel L Soto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 305 949 2674  
Daytime Phone #

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90129 042 \*\*\*150.00

642259



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)