

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V 27778

1. Entity Name

STATEWIDE IMAGING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUN 23 AM 8:35

Principal Place of Business

Mailing Address

2620 N. AUSTRALIAN AVE
SUITE III
WEST PALM BEACH
FL 33407

2620 N. AUSTRALIAN AVE
SUITE III
WEST PALM BEACH
FL 33407-5606

2. Principal Place of Business

4897 NW 6 COURT
Suite, Apt. #, etc.

3. Mailing Address

4897 NW 6 COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

65-4331154

Applied For

Not Applicable

Zip

33317

Country

USA

Zip

33317

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAAR, CLAUDE
2620 N - AUSTRALIAN AVENUE
SUITE III
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

CLAUDE A. NAAR MD

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

4897 NW 6 COURT

City

PLANTATION

FL

Zip Code

33317

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

CLAUDE A. NAAR MD

(NOTE: Registered Agent signature required when reinstating)

6-15-00

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: NAAR, CLAUDE
STREET ADDRESS: 2620 N - AUSTRALIAN AVENUE
CITY-ST-ZIP: SUITE III WEST PALM BEACH, FL 33407

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT
NAME: CLAUDE A. NAAR MD
STREET ADDRESS: 4897 NW 6 COURT
CITY-ST-ZIP: PLANTATION, FL 33317

☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition

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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:

CLAUDE A. NAAR MD

6-15-00

(954) 792-0576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)