

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005406

1. Entity Name

BIO-REFERENCE LABORATORIES, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90112 050 ***150.00

Principal Place of Business

Mailing Address

481 EDWARD H. ROSS DR.
ELMWOOD PARK NJ 07407

481 EDWARD H. ROSS DR.
ELMWOOD PARK NJ 07407-3118

00006651



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 22-2405059

Applied For
Not Applicable

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Current Registered Agent

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC
NAME GRODMAN, MARC D
STREET ADDRESS 481 EDWARD H. ROSS DR.
CITY-ST-ZIP ELMWOOD PARK NJ 07407 ☐ Delete

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

TITLE PDC
NAME DUBINETT, HOWARD
STREET ADDRESS 481 EDWARD H. ROSS DR.
CITY-ST-ZIP ELMWOOD PARK NJ 07407 ☐ Delete

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

TITLE STD
NAME SINGER, SAM
STREET ADDRESS 481 EDWARD H. ROSS DR.
CITY-ST-ZIP ELMWOOD PARK NJ 07407 ☐ Delete

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

TITLE D
NAME DEVITO, FRANK
STREET ADDRESS 481 EDWARD H. ROSS DR.
CITY-ST-ZIP ELMWOOD PARK NJ 07407 ☐ Delete

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

TITLE D
NAME ROGLIERI, JOHN
STREET ADDRESS 481 EDWARD H. ROSS DRIVE
CITY-ST-ZIP ELMWOOD PARK NJ ☐ Delete

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

TITLE D
NAME GARY LEDERMAN
STREET ADDRESS 401 EDWARD H. ROSS DR.
CITY-ST-ZIP ELMWOOD PARK NJ 07407 ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFO

1/10/00

2017912602