2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90246 024 ***150.00

020706 AV

DOCUMENT # P02000072579

1. Entity Name
LAB-RESEARCH LABORATORY SUPPLY CORP.

Principal Place of Business	Mailing Address
8013 NW 29TH ST.	8013 NW 29TH ST.
MIAMI FL 33122	MIAMI FL 33122

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13737 S.W. 169th TE	13737 S.W. 169th TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33177 Country: USA	Zip: 33177 Country: USA

4. FEI Number 00-5411867-4 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DURRANT, DOREEN
8013 NW 29TH ST.
MIAMI FL 33122

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

SIGNATURE ____________________
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD RIVERO, CLAUDETE B 6346 NW 40TH ST. MIAMI FL 33166	☐ Delete	VSD RIVERO, EDUARDO J. (EDUARDO J. RIVERO) 13737 S.W. 169th TERRACE MIAMI, FL, 33177	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MEJIA, MARIA E C 7760 SW 90TH ST., APT. I4 MIAMI FL 33156	☑ Delete	PTD CLAUDETE B. RIVERO 13737 S.W. 169th TERRACE MIAMI FL 33177	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: SIGNATURE REQUIRED — CLAUDETE B. RIVERO 01.21.03 3055184888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)