

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90063 020 \*\*\*150.00

DOCUMENT # **P94000043727**  
1. Entity Name  
**VIZCAYA CHEMICAL LABORATORIES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**13961 SW 144 TERRACE**  
Suite, Apt. #, etc.

3. Mailing Address  
**13961 SW 144 TERRACE**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI FL**  
Zip  
**33186**  
Country  
**U.S.A**

City & State  
**MIAMI FL**  
Zip  
**33186**  
Country  
**USA**

4. FEI Number  
**65-0502723**  
Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**VAUGHAN MUNRO**  
Street Address (P.O. Box Number is Not Acceptable)  
**13961 SW 144 TERRACE**  
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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

**January 1 - May 1: Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>P</b><br><b>PHILIP PIERRE-LOUIS</b><br><b>17714 SW 19 ST.</b><br><b>MIRAMAR, FL. 33029</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>CEO</b><br><b>VAUGHAN MUNRO</b><br><b>13961 SW 144 TERRACE</b><br><b>MIAMI, FL. 33186</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>V</b><br><b>MARY HAHN</b><br><b>13730 SW 111 ST.</b><br><b>MIAMI, FL. 33186</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **VAUGHAN MUNRO** **4/24/02** **305-235-7501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)