FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90091 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070395

1. Entity Name

M & M LABTEST CORPORATION

30026454

2900 BRIDGEPORT AVE 210 COCONUT GROVE FL 33133 US	2900 BRIDGEPORT AVE 210 COCONUT GROVE FL 33133 US
2. Principal Place of Business 20 SW 58 AVE	3. Mailing Address 20 SW 58 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33144 / Country US	Zip 33144 / Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0521247 ☐ Applied For ☐ Not Applicable

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

JULIO AUGUSTO REYNALS MOURGUES CARLOS G.
2900 BRIDGEPORT AVE
210
COCONUT GROVE FL 33133

7. Name and Address of Current Registered Agent

Name: JULIO AUGUSTO REYNALS MOURGUES CARLOS G.

Street Address (P.O. Box Number is Not Acceptable): 20 SW 58 AVE

City: MIAMI, FL FL Zip Code: 33144

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: Carlos G.J.A. Reynals Mourgues January-29-2003
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) ☐

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	SD	TITLE	
NAME	CELIS, ALEJANDRO S	NAME	
STREET ADDRESS	RUA:ANTONIO CARLUCCI 212 RIBEIRAO PRETO	STREET ADDRESS	
CITY-ST-ZIP	SAO PAULO, BRAZIL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	CORREA, ANGELA B	NAME	
STREET ADDRESS	RUA:ANTONIO CARLUCCI 212	STREET ADDRESS	
CITY-ST-ZIP	RIBERAO PRETO SP	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	JULIO AUGUSTO REYNALS MOURGUES CARLOS	NAME	
STREET ADDRESS	RUA:ANTONIO CARLUCCI 212 RIBERAO	STREET ADDRESS	
CITY-ST-ZIP	PRETO SAO PAULO BR	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos G.J.A. Reynals Mourgues January-29-2003 (305) 266 1058
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #