

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003126

1. Entity Name

USA LABS, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90028 035 ***150.00

Principal Place of Business

4401 PONCE DE LEON BLVD
 CORAL GABLES FL 33146

Mailing Address

4401 PONCE DE LEON BLVD
 CORAL GABLES FL 33146-1830

000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0549833

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERPENING, ROBERT J
 4401 PONCE DE LEON BLVD
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name JAVIER DALMAU
 Street Address (P.O. Box Number is Not Acceptable) 4401 PONCE DE LEON BLVD
 City CORAL GABLES FL Zip Code 33146

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]

JAVIER DALMAU - V 4-18-00

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 Delete
 NAME PDC
 STREET ADDRESS DALMAU, JORDI
 CITY-ST-ZIP 4401 PONCE DE LEON BLVD
 CORAL GABLES FL 33146

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VD
 STREET ADDRESS DALMAU, AURORA G
 CITY-ST-ZIP 4401 PONCE DE LEON BLVD
 CORAL GABLES FL 33146

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VT
 STREET ADDRESS DALMAU, JORGE A
 CITY-ST-ZIP 4401 PONCE DE LEON BLVD
 CORAL GABLES FL 33146

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME V
 STREET ADDRESS DALMAU, JAVIER
 CITY-ST-ZIP 4401 PONCE DE LEON BLVD
 CORAL GABLES FL 33146

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VS
 STREET ADDRESS TERPENING, ROBERT J
 CITY-ST-ZIP 4401 PONCE DE LEON BLVD
 CORAL GABLES FL 33146

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME LAURA DALMAU
 STREET ADDRESS 4401 PONCE DE LEON BLVD
 CITY-ST-ZIP CORAL GABLES FL 33146

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #