

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90338 036 ***150.00

DOCUMENT # **P95000003126**

1. Entity Name
USA LABS, INC.

Principal Place of Business
**4401 PONCE DE LEON BLVD
 CORAL GABLES FL 33146**

Mailing Address
**4401 PONCE DE LEON BLVD
 CORAL GABLES FL 33146**

2. Principal Place of Business
8055 NW 77Ct

3. Mailing Address
8055 NW 77Ct

Suite, Apt. #, etc.
Suite #5

Suite, Apt. #, etc.
Suite #5

City & State
Medley, Fl

City & State
Medley, Fl

4. FEI Number **65-0549833**

Applied For
 Not Applicable

Zip
33166

Country
US

Zip
33166

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DALMAU, JAVIER
 4401 PONCE DE LEON BLVD
 CORAL GABLES FL 33146**

Name
 Street Address (P.O. Box Number is Not Acceptable)
**8055 NW 77Ct
 Suite #5**
 City **Medley** FL Zip Code **33166**

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 _____ (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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC DALMAU, JORDI 4401 PONCE DE LEON BLVD CORAL GABLES FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALMAU, AURORA G 4401 PONCE DE LEON BLVD CORAL GABLES FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DALMAU, JORGE A 4401 PONCE DE LEON BLVD CORAL GABLES FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALMAU, JAVIER 4401 PONCE DE LEON BLVD CORAL GABLES FL 33146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TERPENDING, ROBERT J 4401 PONCE DE LEON BLVD CORAL GABLES FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALMAU, LAURA 4401 PONCE DE LEON BLVD CORAL GABLES FL 33146 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8055 NW 77Ct, Suite #5 Medley, Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8055 NW 77Ct, Suite #5 Medley, Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8055 NW 77Ct, Suite #5 Medley, Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8055 NW 77Ct, Suite #5 Medley, Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VS Robert J. Gofus 8055 NW 77Ct, Suite #5 Medley, Fl 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8055 NW 77Ct, Suite #5 Medley, Fl 33166

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: *J. Dalmau*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
 Date

Daytime Phone #

UBR0001

CR2E034 (10/00)