

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019609

1. Entity Name

N-B3 LABORATORY CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01-SEP 25 PM 4:22

Principal Place of Business
3100 NW 2nd Avenue
Ste 216
Boca Raton, FL 33431

Mailing Address
3100 NW 2nd Avenue
Ste 216
Boca Raton, FL 33431

2. Principal Place of Business
900 N. Federal Hwy
Suite, Apt. #, etc.
160, C/O Grassano

3. Mailing Address
900 N. Federal Hwy
Suite, Apt. #, etc.
160, C/O Grassano

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-0846447

Applied For
Not Applicable

Zip 33432 Country USA

Zip 33432 Country USA

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

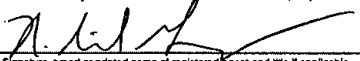
6. Name and Address of Current Registered Agent

EHG Resident Agents, Inc.
5100 Town Center Circle
Suite 330
Boca Raton, FL 33486

7. Name and Address of New Registered Agent

Name N. Richard Grassano
Street Address (P.O. Box Number is Not Acceptable)
900 North Federal Highway
Suite 160
City Boca Raton FL Zip Code 33432

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  N. Richard Grassano
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Secretary Joseph Scivoletto ☐ Delete
STREET ADDRESS 10249 El Paradise Pl
CITY-ST-ZIP Delray Beach, FL 33446

TITLE NAME Treasurer Rose Marie Scivoletto ☐ Delete
STREET ADDRESS 10249 El Paraiso Place
CITY-ST-ZIP Delray, Beach, FL 33446

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME President, Secretary ☒ Change ☐ Addition
STREET ADDRESS 5309 NW 98th Terrace
CITY-ST-ZIP Coral Springs, FL 33706

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 5300 NW 98th Terrace
CITY-ST-ZIP Coral Springs, FL 33706

TITLE NAME 800004614418-6
STREET ADDRESS -09/27/01--01092--015
CITY-ST-ZIP *****550.00 *****550.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Joseph Scivoletto 9/11/01 954-757-0703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)