

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019067

1. Entity Name

RESEARCH LABORATORIES INTERNATIONAL INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90184 012 ***150.00

00003433



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2550 DOUGLAS ROAD #300 CORAL GABLES FL 33134 US	2550 DOUGLAS ROAD #300 CORAL GABLES FL 33134-6124 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	65-0763061	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BERAJA, VICTOR 2550 DOUGLAS ROAD #300 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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, 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
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11. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	BERAJA, ROBERTO
STREET ADDRESS	2550 DOUGLAS RD, #300
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	T ☐ Delete
NAME	BERAJA, ESTHER
STREET ADDRESS	2550 DOUGLAS RD, #300
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	D ☐ Delete
NAME	BERAJA, ISIDORO
STREET ADDRESS	2550 DOUGLAS RD, #300
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	VP ☐ Delete
NAME	BERAJA, VICTOR
STREET ADDRESS	2550 DOUGLAS RD, #300
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	S ☐ Delete
NAME	BERAJA, MATILDA
STREET ADDRESS	2550 DOUGLAS RD, #300
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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: [Signature] 1-6-00 (200)443-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)