

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # 190261

1. Entity Name
APPLIED RESEARCH LABORATORIES, INC.



Principal Place of Business

**5371 NW 161ST STREET
MIAMI, FL 33014**

Mailing Address

**5371 NW 161ST STREET
MIAMI, FL 33014**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0765380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SONDAK, ROBERT M
9400 SOUTH DADELAND BLVD, STE 600
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000003523
01/29/07-80017-001 158.75**

10. **OFFICERS AND DIRECTORS**

TITLE	D
NAME	SUKERT, JORDAN V.
STREET ADDRESS	5371 NW 161ST STREET
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	S
NAME	SUKERT, JUNE T.
STREET ADDRESS	5371 NW 161 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	SUKERT, ALAN
STREET ADDRESS	5371 NW 161ST STREET
CITY-ST-ZIP	MIAMI, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

1/19/07
Date

305 624-4900
Daytime Phone #