

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90355 038 ***150.00

DOCUMENT # 213020

1. Entity Name
ZIRIN LABORATORIES, INTL., INC.

Principal Place of Business
P.O. BOX 840309
PEMBROKE PINES FL 33084-7309

Mailing Address
P.O. BOX 840309
PEMBROKE PINES FL 33084-7309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
P.O. Box 840538

Suite, Apt. #, etc.
PO Box 840538

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES, FL

4. FEI Number
59-0860451

Applied For
 Not Applicable

Zip
33084

Country
USA

Zip
33084

Country
USA

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

ZIRIN, LAWRENCE
9918 N.W. 10TH STREET
PEMBROKE PINES FL 33024

address change only →

Name
 Street Address (P.O. Box Number is Not Acceptable)
9720 NW 4th St.
 City **PEMBROKE PINES** **FL** Zip Code **33024**

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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD ZIRIN, LAWRENCE 9918 N.W. 10TH STREET PEMBROKE PINES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 9720 NW 4th St. PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 lines empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *July 10, 2002* *954 432-6605*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachments

#213070
120712

Zirin Laboratories International, Inc.

**P.O. Box 840538 Pembroke Pines, Florida 33084
Ph. 954-432-6605**

July 10, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs,

I just received the 2002 Uniform Business Report form. My address had changed about 18 months ago and I did not receive the previous mailing.

As per my conversation with your offices this morning, enclosed find the cover from the UBR package I received, the completed UBR form and our Check# 27138 for \$150.00 .

Should you have any questions or need additional information, I can be reached at the above listed phone, M-F 8Am-4PM EST.

Sincerely,



Lawrence Zirin
President
Lz/em
enc