

2002 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 280787

1. Entity Name

LABORATORY ROBAINA, INC.

FILED

02 JUN 21 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000006043970-0

-06/26/02--01052--021

\*\*\*\*\*8.75 \*\*\*\*\*8.75

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12306 SW 131 AVENUE

3. Mailing Address

12084 SW 131 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

DO NOT WRITE IN THIS SPACE

05-21-01 90031 022

1150-00

4. FEI Number

59-1147217

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DOMINGO ALONSO

Street Address (P.O. Box Number is Not Acceptable)

301 ALMERIA AVENUE #3

City

CORAL GABLES

FL

Zip Code

33134

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

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

(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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

DP

MARTHA R. ROBAINA

10440 SW 133 CT

MIAMI, FL 33186

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP

MARTHA R. ROBAINA

1627 Brickell Av.

MIAMI, FL 33129

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TS

MARTHA M. ROBAINA

10440 SW 133 CT

MIAMI, FL 33186

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TS

MARTHA M. ROBAINA

1627 Brickell Av.

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TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

TS. MARTHA M. ROBAINA

4-29-02 305-251-1665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (1201)