

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90013 001 ***150.00

DOCUMENT # 463366

1. Entity Name

OM LABORATORIES, INC.

Principal Place of Business

C/O RODOLFO RUBINI
 550 NW 42 Ave #206
 Miami FL 33126

Mailing Address

C/O RODOLFO RUBINI
 550 NW 42 Ave #206
 Miami FL 33126

2. Principal Place of Business

782 NW 42 Avenue

Suite, Apt. #, etc.

629

City & State

Miami FL

Zip

33126

Country

USA

3. Mailing Address

782 NW 42 Avenue

Suite, Apt. #, etc.

629

City & State

Miami FL

Zip

33126-5547

Country

USA

4. FEI Number

59-1564994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUBINI, RODOLFO
 550 NW 42nd AVENUE
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

782 NW 42nd AVENUE

Suite 629

City

MIAMI

FL

Zip Code

33126-5547

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

RODOLFO RUBINI

2-5-01

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 PTD ☐ Delete
NAME RICARD, CHRISTOPHE
STREET ADDRESS 22 RUE DUBOIS-DU-LAN
CITY-ST-ZIP GENEVA, SWITZERLAND

TITLE SD ☐ Delete
NAME KENZLEY, WINSTON
STREET ADDRESS 22 RUE DUBOIS-DU-LAN
CITY-ST-ZIP GENEVA, SWITZERLAND

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 23rd 2001

(305)
 446-3138

CR2E034 (11/00)