

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State
 07-18-2001 90011 042 ***150.00

DOCUMENT # 518234

1. Entity Name

LEMAX LABORATORIES, INC.

Principal Place of Business

6915 S.W. 92 CT
 Miami FL, 33173

Mailing Address

6915 S.W. 92 CT
 Miami FL, 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1738656

Applied For

Not Applicable

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

Borges Carola Y.
 6915 S.W. 92 Ct.
 Miami FL, 33173

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

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DSP
 BORGES, CAROLA Y.
 6915 S.W. 92 Ct.
 Miami FL, 33173 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 DeBORGES, NORMA
 6915 S.W. 92 Ct. Miami FL 33173 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE:

Carola Y. Borges
 CAROLA Y. BORGES

Date

Daytime Phone #

7-14-01 305-598-2333

CR2E034 (11/00)

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TITLE DSP
NAME BORGES, CAROLA Y
STREET ADDRESS 6915 SW 92 CT
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE VP
NAME DE BORGES, NORMA
STREET ADDRESS 6915 SW 92 CT
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

TITLE
NAME YARA BORGES 4-74
STREET ADDRESS NORMA BORGES
CITY-ST-ZIP 6915 Sw 92nd Ct.
Miami, FL 33173-2337

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

YARA BORGES 4-74
NORMA BORGES
6915 Sw 92nd Ct.
Miami, FL 33173-2337

Pay to the
Order of

Department of State
One hundred fifty 00/100
SUNTRUST

SunTrust Bank, Miami, N.A.
Miami, FL (305) 691-6000

For CORP. ANN. RCR 59-1738656

1:066000604:07020022517811 6643

© HARLAND 1999

6643
83-60/680
Date 4-14-01

\$ 150.00

Dollars ☐ Security features
included.
Details on back.

Horizon 50

LEMAX LABORATORIES

Signature

4-14-01 305-598-7333

STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE

Signature

Attachment
#518234
D0058809

DO NOT WRITE IN THIS SPACE