

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 521406

1. Entity Name

HORIZONS RESEARCH LABORATORIES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90193 022 ***150.00

Principal Place of Business

5100 W COPANS ROAD
BLDG. 300
MARGATE FL 33063
US

Mailing Address

5100 W COPANS ROAD
BLDG. 300
MARGATE FL 33063-7700
US

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

59-1715788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOUKAS, JOHN G
5100 W COPANS ROAD, STE 300
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

Nigam, Anant K.

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

5100 W. Copans Rd., Suite 300

City

Margate,

FL

Zip Code

33063

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

Anant K. Nigam, Ph.D., President 1/12/2000

(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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D	GEORGES, NICHOLAS	5100 W COPANS RD #300 MARGATE FL	<input checked="" type="checkbox"/>
	SD	NIGAM, ANANT K	5100 W COPANS RD #300 MARGATE FL	<input type="checkbox"/>
	PT	LOUKAS, JOHN G	5100 W COPANS RD #300 MARGATE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	PSD			<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

Anant K. Nigam, Ph.D. 1/12/2000 (954) 974-2000

CR2E034 (9/99)