

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 653548

1. Entity Name

BROWARD MEDICAL LABORATORIES, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90025 016 ***150.00

Principal Place of Business

4620 W COMMERCIAL BLVD
SUITE 2
TAMARAC FL 33319
US

Mailing Address

4620 W COMMERCIAL BLVD
SUITE 2
TAMARAC FL 33319
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1973267

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DALE, CHARLES S JR
414 NE 4TH STREET
FT LAUDERDALE FL 33301

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

TITLE PD
NAME AMIN, SHIRLEY U.F. (MD)
STREET ADDRESS 444 VICTORIA TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE STD
NAME AIESI, RITA A.
STREET ADDRESS 3541 NW 35TH TERR.
CITY-ST-ZIP LAUDERDALE LAKES FL ☐ Delete

TITLE D
NAME KOVACH, JOSEPH
STREET ADDRESS 5406 BAYBERRY LANE
CITY-ST-ZIP TAMARAC FL ☐ Delete

TITLE D
NAME AIESI, CHARLES J JR
STREET ADDRESS 811 E. PLANTATION CIR
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE ST
NAME DALE, CHARLES S JR(ASST)
STREET ADDRESS 414 NE 4 ST
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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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:

Rita Aiesi

RITA AIESI STD

01-18-01

9547397264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)