

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90146 007 ***150.00

DOCUMENT # 653548

1. Entity Name
BROWARD MEDICAL LABORATORIES, INC.

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

181 WEST PROSPECT ROAD

Suite, Apt. #, etc.

3. Mailing Address

181 WEST PROSPECT ROAD

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FLORIDA

City & State

OAKLAND PARK, FLORIDA

4. FEI Number

59-1973267

Applied For

Not Applicable

Zip
33309

Country
BROWARD

Zip
33309

Country
BROWARD

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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** ☐ Delete
NAME **AMIN, SHIRLEY U.F. (MD)**
STREET ADDRESS **444 VICTORIA TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

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

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

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

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
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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: *Rita Aiesi* **RITA AIESI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02
Date

954) 739-7264
Daytime Phone #

CR2E034 (9/01)