

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000004806**1. Entity Name  
21ST CENTURY LABORATORIES, INC.

Principal Place of Business 5100 NW 33RD AVE., STE. 246  FT. LAUDERDALE FL 33309	Mailing Address 5100 NW 33RD AVE., STE. 246  FT. LAUDERDALE FL 33309
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address 2119 SOUTH WILSON ST  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TEMPE AZ	4. FEI Number <b>86-0733414</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 85282	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**KRAMER ROBERT M  
4000 HOLLYWOOD BLVD. #485-SOUTH  
  
HOLLYWOOD FL 33021 US**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 \_\_\_\_\_ DATE **04/28/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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	D	<input type="checkbox"/> Delete
NAME	SEKARAN DHANA	
STREET ADDRESS	2119 S. WILSON ST.	
CITY-ST-ZIP	TEMPE AZ 852822034	

TITLE	PCS	<input type="checkbox"/> Delete
NAME	SNYDER STEVEN P	
STREET ADDRESS	2119 S. WILSON ST.	
CITY-ST-ZIP	TEMPE AZ 852822034	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: STEVEN P SNYDER**

CEO 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)