5/13

F01000004304
FILED

02 SEP 25 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

38377

DO NOT WRITE IN THIS SPACE

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

F01000004304
Sanlab, Inc.

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2. Principal Place of Business	3. Mailing Address
894 A1A Beach Blvd.	894 A1A Beach Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32080 Country: USA	Zip: 32080 Country: USA

4. FEI Number: 36-4460751 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Leopoldo Santiano

Street Address (P.O. Box Number is Not Acceptable): 894 A1A Beach Blvd.

City: St. Augustine FL Zip: 32080

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]

SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE — DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	Leopoldo Santiano
STREET ADDRESS	1081 Sandpiper Drive
CITY-ST-ZIP	~~Chesterton, IN~~
TITLE	S
NAME	Ruby Santiano
STREET ADDRESS	1081 Sandpiper Drive
CITY-ST-ZIP	~~Chesterton, IN~~
TITLE	CTD
NAME	Jose Labayo
STREET ADDRESS	17 Jamestown Dr.
CITY-ST-ZIP	~~Michigan City, IN~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-22-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

y 9/25/02