

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000437

1. Entity Name

LABTEST INTERNATIONAL, INC.

FILED
CLERK OF STATE
DIVISION OF CORPORATION
00 OCT 30 PM 12:12

Principal Place of Business

40 COMMERCE WAY, UNIT B
TOTOWA NJ 07512

Mailing Address

40 COMMERCE WAY, UNIT B
TOTOWA NJ 07512

2. Principal Place of Business

70 Diamond Road

Suite, Apt. #, etc.

3. Mailing Address

3933 US Route 11

Suite, Apt. #, etc.

City & State

Springfield, NJ

City & State

Cortland, NY

Zip

07081

Country

USA

Zip

13045

Country

USA

REINSTATEMENT

4. FEI Number

16-1541809

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

MARCEY L. SMITH, ASST. SECY.

10-25-00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP	<input type="checkbox"/> Delete
NAME	KONG, RAYMOND	
STREET ADDRESS	2/F GARMENT CENTRE, 576 CASTLE PEAK RD.	
CITY-ST-ZIP	KOWLOON, HONG KONG	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COUROSSI, TIMOTHY	
STREET ADDRESS	593 MASSACHUSETTS AVE.	
CITY-ST-ZIP	BOXBOROUGH MA 01719	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KUPSCH, JOHN	
STREET ADDRESS	40 COMMERCE WAY, UNIT B	
CITY-ST-ZIP	TOTOWA NJ 07512	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAW, CHRISTINA	
STREET ADDRESS	2/F GARMENT CENTRE, 576 CASTLE PEAK RD.	
CITY-ST-ZIP	KOWLOON, HONG KONG	
TITLE		<input type="checkbox"/> Delete
NAME		
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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yeung, Henry	
STREET ADDRESS	2430-B Mariner Square Loop	
CITY-ST-ZIP	Alameda, CA 94501	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Courossi, Timothy	
STREET ADDRESS	70 Codman Hill Road	
CITY-ST-ZIP	Boxborough, MA 01719	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/00

Date

607-756-6428

Daytime Phone #

CR2E034 (5/00)