

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

DOCUMENT # L00000002836

1. Entity Name

ESSEX LABORATORIES INTERNATIONAL LLC

03-07-2002 90038 026 *****50.00

Principal Place of Business

**340 SUNSET DRIVE, SUITE 1405
 FORT LAUDERDALE FL 33301**

Mailing Address

**340 SUNSET DRIVE, SUITE 1405
 FORT LAUDERDALE FL 33301**

000420

2. Principal Place of Business

**340 SUNSET DR Suite 1405
 FT. Lauderdale, FL 33301**

3. Mailing Address

**340 SUNSET DR Suite 1405
 FT. Lauderdale, FL 33301**

Suite, Apt. #, etc.

Suite 1405

Suite, Apt. #, etc.

Suite 1405



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0993876

Applied For

☐ Not Applicable

Zip

33301

Country

BROWARD

Zip

33301

Country

BROWARD

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CANTWELL, JOHN W
 340 SUNSET DRIVE, SUITE 1405
 FORT 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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **CANTWELL, JOHN W**
 STREET ADDRESS **340 SUNSET DRIVE, STE 1405**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **MGRM** ☐ Delete
 NAME **CANTWELL, EVELYNA**
 STREET ADDRESS **340 SUNSET DRIVE, STE 1405**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **MANAGING Director** ☐ Delete
 NAME **Sushma Kitchloo**
 STREET ADDRESS **12 Arrowhead Circle**
 CITY-ST-ZIP **N. Attleboro MA 02760**

TITLE **MANAGING Director** ☐ Delete
 NAME **DR. Pares Kitchloo**
 STREET ADDRESS **12 Arrowhead Circle**
 CITY-ST-ZIP **Ab. Attleboro MA 02760**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE REQUIRED

Jan. 4, 2002

954-467-3405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)