

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90133 001 ****50.00
 07-25-2002 90133 002 ***100.00

DOCUMENT # L01000007042

1. Entity Name

DISTRICT LAB LLC



Principal Place of Business

**150 ALHAMBRA CIRCLE SUITE 1270
 C/O JOSE RODRIGUEZ
 CORAL GABLES FL 33134**

Mailing Address

**150 ALHAMBRA CIRCLE SUITE 1270
 C/O JOSE RODRIGUEZ
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

1819 WEST AV

P.O. BOX 832137

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33139

US

33283-2137

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1099834

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, JOSE A ESQ.
 150 ALHAMBRA CIRCLE SUITE 1270
 CORAL GABLES FL 33134**

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

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR, V.P. S.
 BALDO, ANTONIO
 150 ALHAMBRA CIRCLE SUITE 1270
 CORAL GABLES FL 33134**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR, PT
 GURRUCHAGA, IGNACIO
 1819 WEST AV #3
 MIAMI, FL 33139**

☐ Change

☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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CR2E083 (9/01)

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

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

Date

Daytime Phone #

7/17/2002