

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000003487

FILED
Jul 09, 2003
Secretary of State

Entity Name: BRANDS LAB, L.L.C.

Current Principal Place of Business:

1792 BELL TOWER LANE
WESTON TOWER CENTER, SUITE 204
WESTON, FL 33326

New Principal Place of Business:

1792 BELL TOWER LANE
SUITE 204, WESTON TOWN CENTER
WESTON, FL 33326

Current Mailing Address:

1792 BELL TOWER LANE
WESTON TOWER CENTER, SUITE 204
WESTON, FL 33326

New Mailing Address:

1792 BELL TOWER LANE
SUITE 204
WESTON, FL 33326

FEI Number: 01-0639017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NENEZ, LUIS C
1792 BELL TOWER LANE
WESTON TOWER CENTER, SUITE 204
WESTON, FL 33326 US

Name and Address of New Registered Agent:

NUNEZ, LUIS C
1792 BELL TOWER LANE
SUITE 204
WESTON, FL 33326 US

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: EZOJBO

07/09/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: NUNEZ, LUIS C
Address: 1354 VICTORIA ISLE DRIVE
City-St-Zip: WESTON, FL 33327

Title: MGR () Change (X) Addition
Name: LLANES, GEARRDO A
Address: 2550 HUNTERS RUN WAY
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LUIS C NUNEZ

MGR

07/09/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date