

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003278

1. Entity Name

M.D. SCIENCE LAB, L.L.C.

FILED

01 MAR -1 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2913 CORAL SHORES DRIVE  
FT. LAUDERDALE FL 33306

Mailing Address

2913 CORAL SHORES DRIVE  
FT. LAUDERDALE FL 33306

2. Principal Place of Business

2805 E. OAKLAND PARK BLVD. 2805 E. OAKLAND PARK BLVD.

3. Mailing Address

Suite, Apt. #, etc.

# 382

Suite, Apt. #, etc.

# 382

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33306

Country

U.S.A.

Zip

33306

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0922727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALBRECHT, RALPH W JR.

2913 CORAL SHORES DRIVE

FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

RALPH W. ALBRECHT, JR.

Street Address (P.O. Box Number is Not Acceptable)

2805 E. OAKLAND PARK BLVD. # 382

City

FT. LAUDERDALE

FL

Zip Code

33306

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

*Ralph W. Albrecht Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-10-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME ALBRECHT, RALPH  
STREET ADDRESS 2913 CORAL SHORES DRIVE  
CITY-ST-ZIP FT. LAUDERDALE FL 33306 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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: *Ralph W. Albrecht Jr.*

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

2-10-01

Date

Daytime Phone #

CR2E083 (11/00)