

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005265

1. Entity Name
ABS BIODIAGNOSTICS L.L.C.

FILED

00 JAN 10 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2326 WEST 78TH STREET
HIALEAH FL 33016

Mailing Address
2326 WEST 78TH STREET
HIALEAH FL 33016-5526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0957994

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MIRKIN, MARK H
C/O MIRKIN & WOOLF, P.A.
1700 PALM BEACH LAKES BLVD. #580
WEST PALM BEACH FL 33401

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GONZALEZ, INOCENCIO
STREET ADDRESS 2326 WEST 78TH STREET
CITY- ST- ZIP HIALEAH FL 33016

☐ Change ☐ Addition
200003099542--5
-01/14/00--01090--007
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME LAVAN, ELLEN
STREET ADDRESS 2326 WEST 78TH STREET
CITY- ST- ZIP HIALEAH FL 33016

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

TITLE MGR ☐ Delete
NAME RODRIGUEZ, LUIS
STREET ADDRESS 2326 WEST 78TH STREET
CITY- ST- ZIP HIALEAH FL 33016

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

TITLE MGR ☐ Delete
NAME WAHL, GARY T
STREET ADDRESS 15140 MEADHAVEN STREET
CITY- ST- ZIP DAVIE FL 33331

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

GARY T WAHL 1-4-2000
PRESIDENT

Date

Daytime Phone #

954.294.5484

CR2E083 (9/99)