

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008088

1. Entity Name  
L.A.B., LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -1 AM 11:59

Principal Place of Business Mailing Address  
C/O AKERMAN, SENTERFITT & EIDSON, P.A. C/O AKERMAN, SENTERFITT & EIDSON, P.A.  
ONE S.E. THIRD AVENUE, 28TH FLOOR ONE S.E. THIRD AVENUE, 28TH FLOOR  
MIAMI FL 33131 MIAMI FL 33131-1715



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business. 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number  
APPLIED FOR

Applied For  
Not Applied

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVENUE, 28TH FLOOR  
MIAMI FL 33131

## 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

## 9. MANAGING MEMBERS/MEMBERS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CHOY, ANTONIO<br>ONE S.E. THIRD AVENUE, 28TH FLOOR<br>MIAMI FL 33131     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>FUZESSY, JONATHAN<br>ONE S.E. THIRD AVENUE, 28TH FLOOR<br>MIAMI FL 33131 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>BORREGO, JULIO<br>ONE S.E. THIRD AVENUE, 28TH FLOOR<br>MIAMI FL 33131    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ABALBANI, PABLO<br>ONE S.E. THIRD AVENUE, 28TH FLOOR<br>MIAMI FL 33131   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

## 10. ADDITIONS/CHANGES

|   |  |   |
|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/>            |
| 400003123174--5<br>-02/03/00--01102--005<br>*****50.00 *****50.00                     |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/>            |
|  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>ALBANI, PABLO<br>ONE S.E. THIRD AVENUE, 28TH FLOOR<br>MIAMI FLORIDA 33131 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/>            |

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 OR MANAGER

1/21/00

Date

Daytime Phone #