

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000025484

1. Entity Name
BABY'S BEST LABORATORIES, INC.

Principal Place of Business
1515 N. FEDERAL HWY #300
BOCA RATON FL 33432

Mailing Address
1515 N. FEDERAL HWY #300
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WHITE, ROBERT
1801 S. MILITARY TRAIL
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Judith A. Jarvis
Street Address (P.O. Box Number is Not Acceptable)
2701 West Oakland Park Boulevard
Suite 230
City Fort Lauderdale FL Zip Code 33311

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 *Judith A. Jarvis*
Signature, typed or printed name of registered agent and title if applicable.

Judith A. Jarvis
(NOTE: Registered Agent signature required when reinstating)

2/18/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME PCED
STREET ADDRESS BISHOP, PATRICIA
CITY-ST-ZIP 2848 NE 48TH ST
LIGHTHOUSE POINT FL 33064 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300005283339-
-04/17/02--01011--01
\$500.00 ☐ Change ☐ Addition

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

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

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Bishop*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/19/02 Daytime Phone # 561-361-8080

FILED

02 APR -3 PM 4:10
03-03-2002 90093 023 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

4. FEI Number 65-0992017 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

101011-01