FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91203 026 ***150.00

DOCUMENT # P00000054490

1. Entity Name

E. G. LAB TECH, INC.

DU124324

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2. Principal Place of Business	3. Mailing Address
8680 SW 16TH ST	8680 SW 16TH ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES FL	City & State: PEMBROKE PINES FL
Zip: 33025 Country: USA	Zip: 33025 Country: USA

4. FEI Number: 65-1015735 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: GOMEZ ELADIO

Street Address (P.O. Box Number is Not Acceptable): 8680 SW 16TH ST

City: PEMBROKE PINES FL Zip Code: 33025

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: Eladio Gomez ELADIO GOMEZ 5/28/02

Signature, typed or printed name of registered agent and title if applicable (REQUIRED: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	PD
NAME	GOMEZ,ELADIO
STREET ADDRESS	8680 SW 16TH ST
CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eladio Gomez ELADIO GOMEZ 5/28/02 (954)704-9641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #