

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
03-28-2001 90076 042 ***158.75

0403372

DOCUMENT # P00000089112

1. Entity Name

LABMAN INTERNATIONAL INC.

Principal Place of Business

**4595 14 STREET WEST
BRADENTON FL 34207**

Mailing Address

**4595 14 STREET WEST
BRADENTON FL 34207**

2. Principal Place of Business

1505 CHURCH STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 295

Suite, Apt. #, etc.

City & State

COLEMAN FL

City & State

COLEMAN FL

4. FEI Number

59-3671689 142312

Applied For

Not Applicable

Zip

33521

Country

U.S.A.

Zip

33521

Country

U.S.A.

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARROD, JANE
4595 14 STREET WEST
BRADENTON FL 34207**

7. Name and Address of New Registered Agent

Name

PATEL YOGEN

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

1505 CHURCH STREET

City

COLEMAN

FL

Zip Code

33521

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] **YOGEN. PATEL**

03/21/01

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

(NOTE: 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) ☐

FILE NOW!!! FEE IS \$150.00

**After MAY 1, 2001 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 **P** ☒ Delete
NAME **PATEL, YOGEN**
STREET ADDRESS **4595 14 STREET WEST**
CITY-ST-ZIP **BRADENTON FL 34207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **PATEL YOGEN**
STREET ADDRESS **1505 CHURCH STREET**
CITY-ST-ZIP **COLEMAN FL- 33521**

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

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

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:

[Signature] **YOGEN. PATEL**

03/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)