

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000090668

1. Entity Name

MINILAB RECONSTRUCTION SERVICES, INC.

FILED

02 JUL -5 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000006312180--0

-07/10/02--01031--019

****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

6060 NW 186TH STREET
#303
MIAMI FL 33015

Mailing Address

6060 NW 186TH STREET
#303
MIAMI FL 33015

2. Principal Place of Business

548 W. 27TH STREET

3. Mailing Address

548 W. 27TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

City & State

HIALEAH, FLORIDA

Zip

33010

Country

USA

Zip

33010

Country

USA

4. FEI Number

65-1042794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, RODOLFO
9801 W. FLAGLER STREET
C-302
MIAMI FL 33174

7. Name and Address of Now Registered Agent

Name

DE FREITAS, ELIEL

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

548 W. 27TH STREET

City

HIALEAH

FL

Zip Code
33010

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

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	PD	<input type="checkbox"/> Delete
NAME	DE FREITAS, ELIEL	
STREET ADDRESS	548 W. 27TH STREET	
CITY - ST - ZIP	HIALEAH, FL 33010	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ALTAMIRANO, PATRICIA	
STREET ADDRESS	19035 ATLANTIC BLVD.	
CITY - ST - ZIP	SUNNY ISLES FL 33160	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	QUINTERO, RODOLFO	
STREET ADDRESS	9801 W. FLAGLER ST. C-302	
CITY - ST - ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/V/P/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE FREITAS, ELIEL	
STREET ADDRESS	548 W. 27TH STREET	
CITY - ST - ZIP	HIALEAH, FL 33010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 qualified 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

Miami - Florida, May 1, 2002

FLORIDA DEPARTMENT OF STATE
REINSTATEMENT DEPARTMENT
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE - FL - 32314

To Whom It May Concern:

I would like to inform you that I have a Profit Corporation
by the following name:

MINILAB RECONSTRUCTION SERVICES, INC.
Doc. # P00000090668

Our corporation has its articles filed with Florida
department of State-Division of Corporation on 09/26/2000.
Unfortunately, we never received the first notice, of our 2001
UBR form; and we did not know that we must pay it annually. This
is the first time we are renewing our corporation.

As this happened against our will, we would like to ask you
please wave the Reinstatement Fee, as I am sending you the amount
of US\$ 300.00, plus the UBR 2002 completed Form. I would like to
ask you to please consider this, and file these as soon as
possible.

If there is any other necessary information concerning this
matter, please feel free to contact me. Thank you.

Sincerely,


ELIEL DE FREITAS
President