

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90092 003 ***150.00

DOCUMENT # P 00000103077

1. Entity Name
LABH, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business <u>1713 S. CONWAY RD</u> Suite, Apt. #, etc.		3. Mailing Address <u>1713 S. CONWAY RD</u> Suite, Apt. #, etc.	
City & State <u>ORLANDO FL</u>		City & State <u>ORLANDO FL</u>	
Zip <u>32812</u>	Country	Zip <u>32812</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>593679649</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>GAJJAR GOPAL</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1713 S. CONWAY RD</u>	
City <u>ORLANDO</u>	Zip Code <u>32812</u>

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 7
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS

NAME <u>P1517</u> STREET ADDRESS <u>GAJJAR GOPAL</u> CITY-STATE-ZIP <u>1713 S. CONWAY RD</u> <u>ORLANDO FL 32812</u>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
	TITLE NAME STREET ADDRESS CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/24/02 407-384-5288

CR2E034B (12/01)