

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90093 001 \*\*\*450.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000014359**

1. Entity Name

INDUCTION SPECIALTIES, INC.

Principal Place of Business

7743 SW 157TH PLACE  
MIAMI FL 33193

Mailing Address

7743 SW 157TH PLACE  
MIAMI FL 33193

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

05-1083684

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABIOSA, CARLOS G  
7743 SW 157TH PLACE  
MIAMI FL 33193

Name

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

City

FL

Zip Code

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 reuniting)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LABIOSA, CARLOS B  
STREET ADDRESS 7743 SW 157TH PLACE  
CITY-ST-ZIP MIAMI FL 33193

☐ Delete

TITLE STD  
NAME APARICIO, JORGE  
STREET ADDRESS 8824 SW 134TH COURT  
CITY-ST-ZIP MIAMI FL 33186

☐ Delete

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TITLE LABIOSA, CARLOS G  
NAME  
STREET ADDRESS 7743 SW 157TH PLACE  
CITY-ST-ZIP MIAMI, FL 33193

☒ Change☐ Addition

TITLE  
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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:

*Jorge Aparicio*  
**JORGE APARICIO**

4/1/02

305-383-5611

Date

Daytime Phone #

CR2E034 (9/01)