

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90024 042 \*\*\*150.00

**DOCUMENT # P01000028718**

1. Entity Name  
**LABCOM STUDIOS, INC.**

Principal Place of Business  
~~223 MENORES AVENUE APT 1~~  
~~CORAL GABLES FL 33134~~

Mailing Address  
~~223 MENORES AVENUE APT 1~~  
~~CORAL GABLES FL 33134~~

2. Principal Place of Business  
**842 SALZEDO ST.**  
 Suite, Apt. #, etc. **# C**

3. Mailing Address  
**P 3012**  
 Suite, Apt. #, etc. **P.O. Box 025304**

City & State  
**CORAL GABLES FL**  
 Zip **33134** Country **U.S.A.**

City & State  
**MIAMI FL**  
 Zip **33102** Country **U.S.A.**

4. FEI Number  
**65-1087366**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

~~GRAZIANO, RODOLFO~~  
~~223 MENORES AVENUE APT 1~~  
~~CORAL GABLES FL 33134~~

## 7. Name and Address of New Registered Agent

Name **REINIER ROMERO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**842 SALZEDO ST. APT. C**  
 City **CORAL GABLES FL** Zip Code **33134**

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]* **April 05, 2002**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	FEBRERO, MIGUEL	223 MENORES AVENUE APT 1	CORAL GABLES FL 33134	<input type="checkbox"/>
D	GRAZIANO, RODOLFO	223 MENORES AVENUE APT 1	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

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

**April 05, 2002** (305) 461-4335  
 Date Daytime Phone #

CR2E034 (9/01)