

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90020 016 \*\*\*150.00

**DOCUMENT # P01000046411**

1. Entity Name

**MIAMI LABORATORY SERVICES, INC.**

Principal Place of Business

**2701 W. MCNAB RD.  
 POMPANO BEACH FL 33069**

Mailing Address

**2701 W. MCNAB RD.  
 POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-112-1255**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DOMINGUEZ, TANYA**

**2701 W. MCNAB RD.**

**POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name **SAME**

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 reinstating)

DATE

**FEB 12, 2002**

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**PRESIDENT/DIRECTOR**  
**T. JESUS DOMINGUEZ**  
**2701 WEST MCNAB RD.**  
**POMPANO BEACH, FL 33069**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**EVP/DIRECTOR/SEC**  
**TANYA DOMINGUEZ**  
**2701 WEST MCNAB RD**  
**POMPANO BEACH, FL 33069**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**VP/DIRECTOR**  
**JUAN GARCIA**  
**2701 W. MCNAB RD**  
**POMPANO BEACH FL 33069**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**DIRECTOR**  
**CHRISTIE DOMINGUEZ**  
**2701 W MCNAB RD**  
**POMPANO BEACH FL 33069**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**TRAM SWAN DIRECTOR**  
**TIRAM SWAN**  
**2701 W MCNAB RD.**  
**POMPANO BEACH FL 33069**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**VP**  
**FRED SCHWARTZ**  
**2701 W. MCNAB RD**  
**POMPANO BEACH FL 33069**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**FEB 12, 2002**

Date

**954-590-0107**

Daytime Phone #

CR2E034 (9/01)