

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90370 016 ***150.00

DOCUMENT # P01000053821

1. Entity Name

LATIN AMERICAN GENETIC SERVICES, INC.

Principal Place of Business

**18360 SW 57 STREET
 FT. LAUDERDALE FL 33331
 US**

Mailing Address

**18360 SW 57 STREET
 FT. LAUDERDALE FL 33331
 US**

2. Principal Place of Business

1304 SW 160th AVE

3. Mailing Address

1304 SW 160th AVE

Suite, Apt. #, etc.

SUITE 279

Suite, Apt. #, etc.

SUITE 279

City & State

SUNRISE

City & State

SUNRISE

Zip

33326

Country

BROWARD

Zip

33326

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1149191

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEREDIA, LETICIA L

18360 SW 57 ST.

FT. LAUDERDALE FL 33331

7. Name and Address of New Registered Agent

Name

HEREDIA, LETICIA

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

1304 SW 160th AVE

SUITE 279

City

SUNRISE, FL

FL

Zip Code

33326

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 NAME STREET ADDRESS CITY-ST-ZIP	CHRM CEVALLOS, MEDARDO 18360 SW 57 STREET FT. LAUDERDALE FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEVALLOS, ALBERTO 18360 SW 57 STREET FT. LAUDERDALE FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEREDIA, LETICIA 18360 SW 57 STREET FT. LAUDERDALE FL 33331 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERTO CEVALLOS

April 30, 2002

954-536473

Date

Daytime Phone #

CR2E034 (9/01)