

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90396 005 ***158.75

DOCUMENT # P01000115577

1. Entity Name

LABMED SUPPLY, INC.

Principal Place of Business

**8754 SOUTHWEST 8TH STREET
 MIAMI FL 33174**

Mailing Address

**8754 SOUTHWEST 8TH STREET
 MIAMI FL 33174**

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

05-1159082

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

CARMENATE, JORGE A

**8754 SOUTHWEST 8TH STREET
 MIAMI FL 33174**

Name

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

City

FL

Zip Code

3. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
CARMENATE, JORGE A
15841 PINES BLVD. #217
PEMBROKE PINES FL 33027



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
CHARAFARDIN, SHIRLEY
15841 PINES BLVD. #217
PEMBROKE PINES FL 33027



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



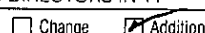
TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



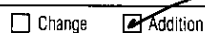
TITLE
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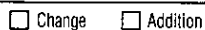
TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
Carmenate, Jorge A
15731 Cheridan St. #140
Davie, FL 33331



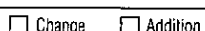
TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SH
Charafardin, Shirley
15731 Cheridan St. #140
Davie, FL 33331



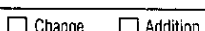
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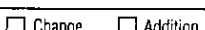
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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:

Shirley Charafardin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/02
 Date

305-553-4338
 Daytime Phone #

CR2E034 (9/01)