## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 09, 2003 8:00 am Secretary of State

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05-05-2003 91775 029 \*\*\*150.00

PRODUPTION OF DUMPHIS STATES  THE LANDERDALE PL. 20016  2. Principal Place of Dusiness	DOCUM  1. Entity Name FORTBENT	TON LABORATORIES S.A.,	0062861 INC. ([	*		   	05-05-200	03 91775 (	)29 ***	150.00
SUITE APE, NO.  SUITE APE, NO.  SUITE APE, NO.  City & State  City & Sta	824 SE BTH ST		824 SE 8TH ST	3316		[	Q.	10035	68	
City & State Pt - Landwigh Allo IL PL	6687	NW 16 - TERRACE	6689 NW	123	Thera					4
Zip 333309 Country U.S.A 25329 Country  6. Name and Address of Course Registered Agent  7. Name and Address of New Registered Agent  8. STUPARTIZ, ALAN D  800 E ATLANTIC BLVD STE 17  POMPANO BCH FL 30060  Gity FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered Agent segretary recursor area engiatered agent of the purpose of changing its registered Agent segretary recursor area engiatered agent of the purpose of changing its registered Agent segretary recursor area engiatered agent	City & State		City & State	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	4. FEI Numb		IF MAKING		
STUPARTIZ, ALAN D  Store ATLANTIC BLVD STE 17  POMPANO BCH FL 33060  City FL Zig Code  6. The above named entity submits the statement for the purpose of changing its registered disc or registered agent, or both, in the State of Florida. I am namilier with, and accept the obligations of registered agent, which is statement for the purpose of changing its registered disc or registered agent, or both, in the State of Florida. I am namilier with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00 - Make Check Propagate to Special Department of State  10.	P+. LAR Zip 333=	Country USA	Zip	Countr		5. Certificate	100/52 of Status Desired	<u>35</u> □ \$	8.75 Ad	ditional
STUPARTIZ, ALAN D 900 E ATLANTIC BLUD STE 17 POMPANO BCH FL 30060  City  FL  Zig Code  6. The above named entity subm is this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.		6: Name and Address of Current R				7. Name an	d Address of New.			
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. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    STATE   NOW!! FEE IS \$150.00   After Mark 1, 2003 Fee with 6e \$550.00     Make Check Physibile to Florida Department of State   O.						P.O. Box Numb	per is Not Acceptable	8)		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Experiment Notes to pretect name or registered agent and the flanckable.   InCITE Registered Agent agenture recorded when reventure)   DATE	POMPANO I	BCH FL 33060		.	City		·····		Zip Cox	de
SIGNATURE    FILE   NOW!!! FEE IS \$150.00	8. The above na	amed entity submits this statement for	the purpose of changing	its registered	d office or register	ed agent, or bo	oth, in the State of FI		imiliar with	, and accept
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.		is of registered agent.								•
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE	maturs, typed or printed name of registered agent and	d title if applicable. (N	OTE: Registered	Agens signature required	Ayeu senatering)		DATE		
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SIGNATURE AND TYPED OR PRINTED MANE OF SIGNARY OFFICER OR DIRECTOR Date Daylone Phone #	indicated on of the corpor changed, or	in this report or supplemental report is traction or the receiver at trustee empower on an attachment with an address with the control of the	rue and accurate and that ered to execute this report half other like empowered	t my signatur ort as required id.	e shall have the s d by Chapter 607,	ame legal effec Florida Statute	it as if made under one is; and that my name	path; that I am e appears in E	an officer Block 10 or	or director