

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90215 028 \*\*\*150.00

**DOCUMENT # P02000125796**

1. Entity Name

**LABOCK TECHNOLOGIES, INC.**



Principal Place of Business

625 RANCH ROAD  
WESTON FL 33326

Mailing Address

625 RANCH ROAD  
WESTON FL 33326

11004170



2. Principal Place of Business

3. Mailing Address

1495 North Park Drive

1495 North Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Weston, FL

Weston, FL

City & State

City & State

Zip

33326

Country

Zip

33326

Country

4. FEI Number

33-1031767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HCRM CORP.

2200 CORPORATE BLVD NW STE 401  
BOCA RATON FL 33431

Name

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

*Karl J. H. VP HCRM Corp*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President, Treasurer, Director ☐ Delete  
NAME: Carlos Davidov  
STREET ADDRESS: 16260 Saddle Club Rd  
CITY-ST-ZIP: Weston, FL 33326

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: Assistant Secretary & Asst. Treas. ☐ Delete  
NAME: MARIE Davidov  
STREET ADDRESS: 16260 Saddle Club Rd  
CITY-ST-ZIP: Weston, FL 33326

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: V. President, Secretary, Director ☐ Delete  
NAME: David Alkeshssi  
STREET ADDRESS: 1484 NW 12th Way  
CITY-ST-ZIP: Sunrise, FL 33323

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: Director ☐ Delete  
NAME: Joseph Labock  
STREET ADDRESS: 1351 NE Miami Bkms  
CITY-ST-ZIP: Miami, FL 33129

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: Director ☐ Delete  
NAME: Theodore King  
STREET ADDRESS: 3707 Quella de Ville  
CITY-ST-ZIP: San Diego, CA 92130

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

4/21/03  
Date

954-331-3535  
Daytime Phone #

CR2E034 (10/02)