FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000103649

1. Entity Name
Esco Lab, INC

FILED
04 APR 30 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8300 NW 74 AVE	8300 NW 74 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Medley, Florida	City & State: Medley, Florida
Zip: 33166 Country: USA	Zip: 33166 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3778604 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Antonio Camblor

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

8300 NW 74 AVE

City: Medley FL Zip Code: 33166

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: X
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 P/S NAME Antonio Camblor STREET ADDRESS 8300 NW 74 AVE CITY-ST-ZIP Medley, Fl 33166	200035780592 05/07/04--01092--014 **150.00
TITLE V.P/T NAME Jaime Vergara STREET ADDRESS 8300 NW 74 AVE CITY-ST-ZIP Medley, Fl 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

ADDENDUM (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04-28-2004 305-885-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #