

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P03000103049**

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 8300 NW 74 AVE Suite, Apt. #, etc.	3. Mailing Address 8300 NW 74 AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Medley, Florida	City & State Medley, Florida
Zip 33166 Country USA	Zip 33166 Country USA

4. FEI Number 04-3778004	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 Cambor	
Street Address (P.O. Box Number is Not Acceptable) 8300 NW 74 AVE	
City Medley	FL Zip Code 33166

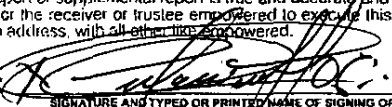
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  (NOTE: Registered Agent signature required when resigning) 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
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Antonio Cambor 8300 NW 74 AVE Medley, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200035780592 05/07/04--01092--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P./T Jaime Vergara 8300 NW 74 AVE Medley, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other filers empowered.

SIGNATURE  **04-28-2004 305-885-5220**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR