

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039013

1. Entity Name

INTERNATIONAL LABORATORY TECHNOLOGY CORP.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90203 047 ***150.00

Principal Place of Business

Mailing Address

3475 SHERIDAN ST., #316
HOLLYWOOD FL 33021
US

3475 SHERIDAN ST., #316
HOLLYWOOD FL 33021-3660
US

2. Principal Place of Business

4600 Sheridan St.

3. Mailing Address

3389 Sheridan St.

Suite, Apt. #, etc.

203

Suite, Apt. #, etc.

149

City & State

Hollywood, FL

City & State

Hollywood

Zip

33021

Country

USA

Zip

FL

Country

33021



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0413741

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

DAVID E MOLL
3900 HYDE PARK CIRCLE
HOLLYWOOD FL 33021

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.

SIGNATURE

David E. Moll
Signature, typed or printed name of registered agent and title if applicable.

David E. Moll - President + CEO

1/10/00

(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, 2000 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 PCEO ☐ Delete
NAME DAVID E MOLL
STREET ADDRESS 3900 HYDE PARK CIRCLE
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE CH ☐ Delete
NAME PAUL A MARCHLAND
STREET ADDRESS 1171 71 ST
CITY-ST-ZIP MIAMI BCH FL 33141

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

TITLE S/T ☐ Delete
NAME JEFFREY B RABIN
STREET ADDRESS 8980 SW 117TH ST
CITY-ST-ZIP MIAMI FL 33176

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

TITLE VP ☐ Delete
NAME VICTOR J STAATS
STREET ADDRESS 5740 ADAIR WAY
CITY-ST-ZIP LAKE WORTH FL 33487

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

David E. Moll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00
Date

954-893-1118
Daytime Phone #

CR2E034 (9/99)