

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



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

65-0413741

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

FL

Country

33021

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID E MOLL
 3900 HYDE PARK CIRCLE
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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 David E. Moll - President + CEO 1/10/00
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)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PCEO	DAVID E MOLL	3900 HYDE PARK CIRCLE	HOLLYWOOD FL 33021	<input type="checkbox"/>
CH	PAUL A MARCHLAND	1171 71 ST	MIAMI BCH FL 33141	<input type="checkbox"/>
S/T	JEFFREY B RABIN	8980 SW 117TH ST	MIAMI FL 33176	<input type="checkbox"/>
VP	VICTOR J STAATS	5740 ADAIR WAY	LAKE WORTH FL 33487	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 David E. Moll 1/10/00 954-893-1118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)