## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P93000039013 DOCUMENT #

1. Entity Name

INTERNATIONAL LABORATORY TECHNOLOGY CORP.

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**FILED** May 14, 2003 8:00 am Secretary of State

05-14-2003 90137 026 \*\*\*150.00

| Principal Place of Business 2701 SOUTH BAYSHORE ORIVE SUITE 610 MIAMI FL 33133-5360 US 2. Principal Place of Business |                            |                                       | Mailing Address 2701 SOUTH BAYSHORE DRIVE SUITE 610 MIAMI FL 33133-5360 US |                      |                  |            |  |                                     |   |   |                             |  |
|---|----------------------------|---------------------------------------|--|----------------------|------------------|------------|--|-------------------------------------|---|---|-----------------------------|--|
| 2. Principal Place of Business  |                            |                                       |  | 3. Mailing Address   |                  |            |  |                                     |   |   |                             |  |
| Suite, Apt. #, etc.   |                            |                                       |  | Suite, Apt. #, etc.  |                  |            |  | ☐ CHECK HERE IF MAKING CHANGES      |   |   |                             |  |
| City & State  |                            |                                       |  | City & State         |                  |            |  | 4. FE                               | 65-0413741                                | ——— <u>—</u> ———————————————————————————————— | pplied For<br>of Applicable |  |
| Zip   |                            | Country                               | Zip Count  |                      |                  | try 5.     |  |                                     | ertificate of Status Desired              | \$8.75 Add                                    | litional                    |  |
| 6. Name and Address of Current Registered Agent   |                            |                                       |  |                      |                  |            | 7. Name and Address of New Registered Agent                                |                                     |   |   |                             |  |
|   |                            |                                       |  | _                    |                  | Name       |  |                                     |   |   |                             |  |
| •   | EFFREY B                   | ADE DOME                              |  | Street Address       |                  |            |  | (P.O. Box Number is Not Acceptable) |   |   |                             |  |
| SUITE 61  | JTH BAYSH<br>O             | ONE DRIVE                             |  |                      | -                |            |  |                                     | <del></del>                               | <del></del>                                   |                             |  |
| ♣ MIAMI FL 33133-5360   |                            |                                       |  |                      |                  |            | City Zip Code  |                                     |   |   |                             |  |
| 8. The above  | named entity               | submits this statement for            | the pure   | pose of changing its | registered       | office o   | r registered   | d ager                              | nt, or both, in the State of Florida. I a | <u> </u>                                      | and accept                  |  |
| the obligat   | ions of registe            | ered agent.                           | o parp   | out of all gillig no | ogiotoroa        |            |  | a ugu.                              | ng of both, it allo blace of thomas. The  | Trial times of the times                      |                             |  |
| SIGNATURE .   |                            |                                       |  |                      |                  |            |  |                                     |   | ·   | }                           |  |
|   | Signature, typed           | or printed name of registered agent a | nd title if app  | olicable. (NOTE      | : Registered Aq  | ent signat | ure required wh  | hen reins                           | stating) DATE                             |   |                             |  |
| After   | ILE NOW!!!<br>r May 1, 200 |                                       |  |                      |                  |            | <ol><li>Election Campaign Financing<br/>Trust Fund Contribution.</li></ol> |                                     | May Be to Fees                            |   |                             |  |
| 10.   | rayable to                 | Florida Department of OFFICERS AND I  |  | )PS                  | 11.              |            |  | ADD                                 | DITIONS/CHANGES TO OFFICERS A             | ND DIRECTORS                                  | 3 IN 11                     |  |
| TITLE   | PD                         | OTTOCHO AND E                         | <u> </u>   | Delete               | TITLE            | -          | D  | 700                                 | THONO, OHANGEO TO OF HOELIS A             | Change  | Addition                    |  |
| NAME  | RABIN, JE                  |                                       |  |                      | NAME             |            |  |                                     |   |   | _ [                         |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |                            | TH BAYSHORE DRIVE-<br>33133-5360      | 610  |                      | STREET A         |            |  |                                     |   |   |                             |  |
| TITLE   | DV                         | 00100-0000                            |  | □ Delete             | TITLE            |            |  | <del></del>                         |   | ☐ Change                                      | Addition                    |  |
| NAME  | MARCHAN                    | D, PAUL                               |  | DCIC.C               | NAME             |            |  |                                     |   | smange  |                             |  |
| STREET ADDRESS  |                            | TH BAYSHORE DRIVE                     | 610  |                      | STREET A         |            |  |                                     |   |   | ĺ                           |  |
| CITY-ST-ZIP   |                            | 33133-5360                            |  |                      | CITY-ST          | - ZIP      | <del> </del>   |                                     |   |   | C7 A4490                    |  |
| TITLE<br>NAME   | DV<br> Staats;^\           | /ICTORAL*                             |  | □ Delete             | TITLE<br>NAME    |            |  |                                     | <u>.</u>                                  | ☐ Change                                      | Addition                    |  |
| STREET ADDRESS  |                            | TH BAYSHORE DRIVE                     | 610  |                      | STREET A         | DDRESS     |  |                                     |   |   |                             |  |
| CITY-ST-ZIP   | MIAMI FL                   | 33133-5360                            |  |                      | CITY-ST          | -ZIP       |  |                                     |   |   |                             |  |
| TITLE   |                            |                                       |  | Delete               | TITLE            |            | PRESID   | See 1                               | T 112264 /                                | ☐ Change                                      | 🔀 Addition                  |  |
| NAME<br>STREET ADDRESS  |                            |                                       |  |                      | NAME<br>STREET A | OORESS     | RONALA T. HEAGLE DRIVE LOID  |                                     |   |   |                             |  |
| CITY-ST-ZIP   | <b>,</b>                   |                                       |  | CITY-ST-             |                  |            |  |                                     |   |   |                             |  |
| TITLE   |                            |                                       |  | ☐ Delete             | TITLE            |            |  |                                     |   | ☐ Change                                      | Addition                    |  |
| NAME  | i                          | •                                     |  |                      | NAME             |            | 1  |                                     |   |   | . }                         |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |                            |                                       |  |                      | STREET A         |            |  |                                     |   |   |                             |  |
| TITLE   | <u> </u>                   |                                       |  | □ Delete             | TITLE            |            | <del>                                     </del>                           |                                     |   | Change  | Addition                    |  |
| NAME  |                            |                                       |  | ⊏1 ∩siere            | NAME             |            |  |                                     |   |   |                             |  |
| STREET ADDRESS  |                            |                                       |  |                      | STREET A         |            |  |                                     |   |   |                             |  |
| CITY-ST-ZIP   | <u> </u>                   |                                       |  |                      | CITY-ST          | -ZIP       |  |                                     |   |   |                             |  |

12. I hereby certify that the information supplied with this filling 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 is given in 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:

MATURE REQUIDIES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR