

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 OCT 16 PM 2:41

DOCUMENT #

1. Entity Name

P93000052296
S & K LABS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2637 E. ATLANTIC BLVD.

3. Mailing Address

2637 E. ATLANTIC BLVD.

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

REINSTATEMENT

03

DO NOT WRITE IN THIS SPACE

4. FEI Number

650425091

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MICHAEL H. WOLF & ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)
3832 N. UNIVERSITY DRIVE

City
SUNRISE

FL

Zip Code

33351

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-25-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
LANA DAKARV
2637 E. ATLANTIC BLVD - # 101
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
700023417937
09/30/03--01025--004 **550.00

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP
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09/30/03--01025--005 **8.75

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10/23/03--01052--009 **191.25

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/25/03

CR2E034B (12/02)