

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077670

1. Entity Name

ENVIRO-SAFE LABORATORIES, INC.

FILED

00 OCT -9 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

17455 SW 157TH AVE.
MIAMI FL 33187

Mailing Address

17455 SW 157TH AVE.
MIAMI FL 33187

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

12621 JEFFREY ROAD

Suite, Apt. #, etc.

City & State

IRVINE, CA

Zip

92620-2101

Country

USA

4. FEI Number

65-0445181

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOVELL, WARREN W III
17455 SW 157TH AVE.
MIAMI FL 33187

7. Name and Address of New Registered Agent

The PRENTICE-HALL CORPORATION SYSTEM, INC.
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS ST.
SUITE 105
City TALLAHASSEE FL Zip Code 32301

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

Clendenen

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

(NOTE: Registered Agent signature required when reinstating)

9-28-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	LOVELL, WARREN W III	
STREET ADDRESS	150 ARVIDA PKWY	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOVELL, JEFFREY S	
STREET ADDRESS	13051 MAR ST.	
CITY-ST-ZIP	CORAL GABLES FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THIGPEN, STEVE	
STREET ADDRESS	12621 JEFFREY RD.	
CITY-ST-ZIP	IRVINE, CA 92620	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIEROPAN, CLAUDIA	
STREET ADDRESS	12621 JEFFREY RD.	
CITY-ST-ZIP	IRVINE, CA 92620	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

CLAUDIA D PIEROPAN 9-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(949) 559-4444

Daytime Phone #

CR2E034 (5/00)