2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

an address, with all other like empowered.

FILED DOCUMENT # **P94000043727** Apr 12, 2000 8:00 am Secretary of State VIZCAYA CHEMICAL LABORATORIES, INC. 04-12-2000 90001 014 ***158.75 Mailing Address Principal Place of Business 13961 SW 144 TER 12360 SW 132 COURT MIAMI FL 33186-7272 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0502723 Not Applicable Country -\$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MUNRO, VAUGHAN Street Address (P.O. Box Number is Not Acceptable) 13961 SW 144 TER MIAMI FL 33186 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Street Change Addition TITLE ☐ Delete TITLE PIERRE-LOUIS, PHILIP NAME NAME 33029 STREET ADDRESS STREET ADDRESS 11721 NW 11TH ST Mramar CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL Addition Change ☐ Delete TITLE TITLE NAME MUNRO, VAUGHAN NAME STREET ADDRESS STREET ADDRESS 13961 SW 144 TER CITY-ST-ZIP 33186 CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME HUHN, MARY STREET ADDRESS STREET ADDRESS 13730 SW 111 ST 33186 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33136** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pepirt 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