

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90021 008 ***150.00

DOCUMENT # P94000062493

1. Entity Name

ZENITH LABORATORIES, INC.

Principal Place of Business

Mailing Address

ATTN: CAROLE AMSTER. LEGAL ASST.
 140 LAGRANDE AVE.
 NORTHVALE NJ 07647

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 140 LAGRANDE AVE.
 NORTHVALE NJ 07647

C0010493



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0547890**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLESPIE, CAROL J
4400 BISCAYNE BLVD.
MIAMI FL 33137

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENEIN, RAFICK G	
STREET ADDRESS	4400 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BEIER, THOMAS E	
STREET ADDRESS	4400 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HANSON, JOHN	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GILLESPIE, CAROL J	
STREET ADDRESS	4400 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SIEGEL, JORDAN	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	AS	<input type="checkbox"/> Delete
NAME	NATION, MARIANNE H	
STREET ADDRESS	4400 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL 33137	

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	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Siegel, Jordan	
STREET ADDRESS	4400 Biscayne Boulevard	
CITY-ST-ZIP	Miami, FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Uppaluri, Rao	
STREET ADDRESS	4400 Biscayne Boulevard	
CITY-ST-ZIP	Miami, FL 33137	
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: Marianne Hurd Nation Marianne Hurd Nation

Date

305-575-6000

Daytime Phone #

CR2E034 (10/00)