

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067147

1. Entity Name

American Biomedical Laboratories, Inc.

Principal Place of Business

7401 NW 11 CT

PLANTATION FL 33313

Mailing Address

7401 NW 11 CT

PLANTATION FL 33313

2. Principal Place of Business

7500 NW 5 ST

Suite, Apt. #, etc.

3. Mailing Address

7758 NW 44 ST

Suite, Apt. #, etc.

City & State

PLANTATION FL

Zip

33317

Country

U.S.A.

City & State

SUNRISE, FL

Zip

33351

Country

U.S.A.

4. FEI Number

Applied For

Not Applicable

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

ANTOLIN PESTANO

7401 NW 11 CT

PLANTATION FL 33313

Name

ANTOLIN PESTANO JR.

Street Address (P.O. Box Number is Not Acceptable)

7758 NW 44 ST

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.

SIGNATURE

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

ANTOLIN PESTANO JR.

(NOTE: Registered Agent signature required when reinstating)

7/2/00

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 \$150.00
After MAY 1, 2000 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
NAME ARCADIO J. OLIVA
STREET ADDRESS 11041 NW 18 MANOR
CITY-ST-ZIP PLANTATION, FL 33322

Delete

TITLE PRESIDENT, DIRECTOR
NAME LAZARA JOHNSON
STREET ADDRESS 15575 LAKEWAY NORTH, #306
CITY-ST-ZIP MIAMI FL 33014

Change

Addition

TITLE VD
NAME HILDA M. DIAZ
STREET ADDRESS 12521 SW 252 TERR
CITY-ST-ZIP MIAMI, FL 33032

Delete

TITLE VICE PRESIDENT, DIRECTOR
NAME ANA BLUT
STREET ADDRESS 7500 NW 5 ST
CITY-ST-ZIP PLANTATION FL 33317

Change

Addition

TITLE VD
NAME CARMEN ALVAREZ
STREET ADDRESS 6749 CROOKED PALM LN
CITY-ST-ZIP MIAMI LAKES, FL 33013

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE VD
NAME ANDRES MARTINEZ-TRUJILLO
STREET ADDRESS 13417 NW 5 PLACE
CITY-ST-ZIP PLANTATION, FL 33325

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANA BLUT

7/2/00

Date

954/578-0016

Daytime Phone #

CR2E034 (9/99)

KE