

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000022779

1. Entity Name
JM ORCHIDS AND LAB SERVICES, INC.

Principal Place of Business
3130 S.W. 124 COURT
MIAMI FL 33175

Mailing Address
3130 S.W. 124 COURT
MIAMI FL 33175

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0568843

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOYA MARTHA
3130 S.W. 124 COURT
MIAMI FL 33175

7. Name and Address of New Registered Agent

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 MARTHA MOYA

04/19/2001

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

TITLE	D	Delete
NAME	MOYA MARTHA	☐
STREET ADDRESS	3130 S.W. 124 COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	Delete
NAME	MOYA JOSE	☐
STREET ADDRESS	3130 S.W. 124 COURT	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		Delete
NAME		☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		☐
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	☐	☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME	☐	☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME	☐	☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME	☐	☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	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: Jose Moya

D

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)