

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015569

1. Entity Name

LABORATORIOS ROLDAN (USA) INC

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91790 017 ***150.00

0249839 AV

Principal Place of Business

Mailing Address

14250 S.W. 94 CIRCLE LN
#103
MIAMI, FL. 33186

P.O. BOX 832020
MIAMI, FL. 33283



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0791877

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALVERDE, HECTOR
14250 S.W. 94 CIRCLE LN.
#103
MIAMI, FL. 33186

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, 2002 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	P/D	<input type="checkbox"/> Delete
NAME	ROLDAN, JOSE R.	
STREET ADDRESS	14250 S.W. 94 CIRCLE LN.	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	ROLDAN, JAIME	
STREET ADDRESS	14250 S.W. 94 CIRCLE LN.	
CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	VALVERDE, HECTOR	
STREET ADDRESS	14250 S.W. 94 CIRCLE LN	
CITY-ST-ZIP	MIAMI, FL 33186	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: HECTOR VALVERDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03 305-971-0904

Date

Daytime Phone #

CP2E031 (9/01)