

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038077

1. Entity Name

CAMBRIDGE LABORATORY SERVICES, INC.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90042 037 ***150.00

Principal Place of Business

Mailing Address

2500 HOLLYWOOD BLVD.
SUITE 212
HOLLYWOOD FL 33020

2500 HOLLYWOOD BLVD.
SUITE 212
HOLLYWOOD FL 33020-6615

2. Principal Place of Business

2237 N. Commerce Parkway

3. Mailing Address

2237 N. Commerce Parkway

Suite, Apt. #, etc.

Suite #3

Suite, Apt. #, etc.

Suite #3

City & State

Weston, Florida

City & State

Weston, Florida

4. FEI Number

98-0172063

Applied For

Not Applicable

Zip

33326

Country

US

Zip

33326

Country

US

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

MANELLA, ROSS H ESQ
2500 HOLLYWOOD BLVD.
SUITE 212
HOLLYWOOD FL 33020

Name

MANELLA, ROSS H. ESQ.

Street Address P.O. Box Number is Not Acceptable
2237 N. Commerce Parkway

Suite #3

City

Weston, Florida

FL

33326

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.

Ross Manella

4/30/00

(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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
ROUNCE, DAVID J
CUMBERLAND CT., 1 CUMBERLAND ST.
NASSAU, BAHAMAS ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
IBM BUILDING BAY STREET
NASSAU, BAHAMAS ☒ 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
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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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 if 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

DAVID J. ROUNCE

4/30/00 (954) 385-3637

Date

Daytime Phone #

CR2E034 (9/99)