

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045032

1. Entity Name

LABCO, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90105 013 ***150.00

Principal Place of Business

Mailing Address

2825 SW 22ND AVENUE
207
DELRAY BEACH FL 33445

2825 SW 22ND AVENUE
207
DELRAY BEACH FL 33445-7203

00063338



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

842 Penn Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bryn Mawr PA

4. FEI Number

65-0758639

Applied For

Not Applicable

Zip

Country

Zip

Country

19010

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

BERBERIAN, LISA A
2038 SW 12TH COURT
DELRAY BEACH FL 33445

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 *Lisa A. Berberian*
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

LISA A Berberian

4/6/00

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 BERBERIAN, LISA A
STREET ADDRESS 2038 SW 12TH COURT
CITY-ST-ZIP DELRAY BEACH FL 33445 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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: *Lisa A. Berberian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LISA A. Berberian

Date

Daytime Phone #

4/6/00 215 861 7701

CR2E034 (9/99)