

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000089392**

Entity Name

KHOURI LABORATORIES, INC.**FILED****Feb 14, 2000 8:00 am**
Secretary of State

02-14-2000 90042 005 ***150.00

Principal Place of Business

CRANDON BOULEVARD STE. 227
BISCAYNE FL 33149

Mailing Address

328 CRANDON BOULEVARD STE. 227
KEY BISCAYNE FL 33149-1399

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0810192

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

AVELLAN, LILIANA V
306 ALCAZAR AVENUE STE. 302
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Cristina Garcia
Street Address (P.O. Box Number is Not Acceptable)
461 SW 25th Rd
City Miami FL Zip Code 33129

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

Cristina Garcia (Cristina Garcia - Treasurer)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	KHOURI, SUSANA L	328 CRANDON BLVD. STE. 227	KEY BISCAYNE FL 33149	<input type="checkbox"/>
D	KHOURI, ROGER	328 CRANDON BLVD. STE. 227	KEY BISCAYNE FL 33149	<input type="checkbox"/>
T	GARCIA, CHRISTINA	461 SW 25TH RD	MIAMI FL 33149-29	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

3. 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

Date

Daytime Phone #

Susana Leel-Khoury 2/7/00 (305) 361-8200