

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 06, 2000 8:00 am  
Secretary of State

09-06-2000 90088 006 \*\*\*550.00

DOCUMENT # P98000021328

1. Entity Name  
FIDELITY LABORATORIES, INC.

Principal Place of Business

1020 N.W. 110TH LANE  
CORAL SPRINGS FL 33071

Mailing Address

1020 N.W. 110TH LANE  
CORAL SPRINGS FL 33071

2. Principal Place of Business

2780 Gateway Drive  
Suite, Apt. #, etc.

3. Mailing Address

2780 Gateway Drive  
Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

65-0818126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRIKOWSKI, JAKE  
2780 GATEWAY DR  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name Roberto L. Palenzuela

Street Address (P.O. Box Number is Not Acceptable)

2780 Gateway Drive

City Pompano

FL

Zip Code 33069

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/4/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	CEO	<input checked="" type="checkbox"/> Delete
NAME	STRIKOWSKI, JAKE	
STREET ADDRESS	1020 NW 110 LANE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	DO	<input checked="" type="checkbox"/> Delete
NAME	NAGER, FRANK	
STREET ADDRESS	1778 ALEXANDER DR	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48302	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HELPER, ZEV	
STREET ADDRESS	10612 NW 69TH PL	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BECK, BARON	
STREET ADDRESS	2835 GARFIELD #1012	
CITY-ST-ZIP	TROY MI 48034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Nager	
STREET ADDRESS	2780 Gateway Drive	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacob J. Strikowski	
STREET ADDRESS	2780 Gateway Drive	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberto L. Palenzuela	
STREET ADDRESS	2780 Gateway Drive	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher T. Harkins	
STREET ADDRESS	2780 Gateway Drive	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto L. Palenzuela

Date

8/4/00

Daytime Phone #

954

950-9700

CR2E034 15001