

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034018

1. Entity Name

3D-EMC LABORATORY, INC.

Principal Place of Business

Mailing Address

5440 NW 33RD AVE
STE 109
FT. LAUDERDALE FL 33309

5440 NW 33RD AVE
STE 109
FT. LAUDERDALE FL 33309-6341

2. Principal Place of Business

3. Mailing Address

5329 FLAMINGO PLACE

5329 FLAMINGO PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

COCONUT CREEK, FL

COCONUT CREEK, FL

Zip

Country

Zip

Country

33073

BROWARD

33073

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARAY, OSCAR M
5450 NW 33RD AVE., STE. 100
FT. LAUDERDALE FL 33309-6350

Name

GARAY, OSCAR M.

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

5329 FLAMINGO PLACE

City

COCONUT CREEK

FL

Zip Code

33073

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]

PRESIDENT

4-3-2000

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 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 GARAY, OSCAR M ☐ Delete
STREET ADDRESS 5440 NW 33RD AVE STE 109
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE PD ☒ Change ☐ Addition
NAME GARAY, OSCAR M.
STREET ADDRESS 5329 FLAMINGO PLACE
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR GARAY 4-3-00 954-574-9101

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)