

1 of 2

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

02 JUL 23 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **798000065923**  
1. Entity Name  
**Independent Lab and Supplies Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7511 NW 73 Ave**  
Suite, Apt. #, etc.  
**SUITE # 124**  
City & State  
**MIAMI, FLORIDA**  
Zip  
**33166**  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0852933**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **RASSE, NELSON**  
Street Address (P.O. Box Number is Not Acceptable)  
**19200 Collins Ave Apt #539**  
City **MIAMI BEACH** FL Zip Code **33160**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	<b>DP RASSE, NELSON 19200 Collins Ave Apt 539 MIAMI BEACH, FL, 33160-2203</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST RASSE, NORMA 10 SW 130 Ave MIAMI, FLA, 33184</b>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date **7-16-02** Daytime Phone # **305-887-4139**

Attachment

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*Independent Lab and Supplies Inc.*

7511 NW 73 Ave # 124

Miami- Florida-33166

PHONE (305) 887-4139

July-16<sup>th</sup>, 2002

DEPARTMENT OF STATE

REF: DOCUMENT # P98000065923

THIS NOTE IS TO INFORM THAT I MOVED THE LAST YEAR AND I FORGOT TO COMMUNICATE TO YOUR DEPARTMENT AND THE FORM FOR THE RENOVATION WAS NOT RECEIVED BY ME FOR THIS REASON. I JUST FIND OUT THAT IS LATE FOR RENEWAL, I DIDN'T RECEIVE ANY FORM TO HELPM E REMEMBER THAT THE RENOVATION WAS DUE.

PLEASE ACCEPT MY PAYMENT AND LATENESS.

THANKS FOR YOUR HELP.

ATTE.



NELSON RASSE  
PRESIDENT