

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90135 029 ***150.00

DOCUMENT # P98000066165
1. Entity Name
 LAB SCIENTIFIC INC.

Principal Place of Business
 7223 NW 43 St.
 Miami, Fl. 33166

Mailing Address
 7223 NW 43 St.
 Miami, Fl. 33166

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 7223 NW 43 St.
 Suite, Apt. #, etc.

City & State
 Miami, Fl. 33166

City & State
 Miami, Fl. 33166

Zip 33166 **Country**

4. FEI Number
 65-0852812

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
 SORIANO SUSANA

Street Address (P.O. Box Number is Not Acceptable)
 20500 W. Country Club Dr. Apt 607

City Aventura **FL** **Zip Code** 33180

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 Susana Soriano **DATE** 4-16-2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Soriano Susana STREET ADDRESS 7223 NW 43 St. CITY-ST-ZIP Miami, Fl. 33166	<input type="checkbox"/> Delete
TITLE SD NAME SHLESINGER, CATHERINE STREET ADDRESS 7223 NW 43 St. CITY-ST-ZIP Miami, Fl. 33166	<input type="checkbox"/> Delete
TITLE TD NAME SHLESINGER, ROBERTO STREET ADDRESS 7223 NW 43 St. CITY-ST-ZIP Miami, Fl. 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4-16-02 **DAYTIME PHONE #** 305-716-9922