2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment, with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P98000076716 Mar 31, 2000 8:00 am **Secretary of State** SPECTRUM LAB SUPPLIES, INC. 03-31-2000 90065 026 ***150.00 Principal Place of Business Mailing Address 321 DEER RUN DRIVE 321 DEER RUN DRIVE MIAMI SPRINGS FL 33166-5840 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address **4805 NW 79th AVENUE** Suite, Apt. #, etc. <u>4805 NW 79th AVENUE</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 15 SUTTE 15 Applied For City & State 4. FEI Number City & State 65-0884953 Not Applicable MIAMI, FLORIDA MIAMI , FLORIDA \$8.75 Additional 5. Certificate of Status Desired Fee Required 33166 33166 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ERNEST CRUZ Street Address (P.O. Box Number is Not Acceptable) SEMORA, VICTORIA L 2330 HOLLYWOOD BLVD. 3900 NW 79th AVENUE SuiTE 326 HOLLYWOOD FL 33020 33166 MIAMI 8. The above named eqtity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After NAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE VP ENGLEBRECHT, MARIA H NAME NAME RODRIGUEZ, IVETTE A. STREET ADDRESS STREET ADDRESS 321 DEER RUN DRIVE 366 NW 164th AVENUE PEMBROKE PINES, FL 33028 CITY-ST-ZIP CITY-ST-ZIP MIAMI SPRINGS FL 33166 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY-SJ-ZJF CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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