

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90007 010 ***150.00

DOCUMENT # P98000076716

1. Entity Name

SPECTRUM LAB SUPPLIES, INC.

Principal Place of Business

**4805 NW 79TH AVENUE
 STE 15
 MIAMI SPRINGS FL 33166**

Mailing Address

**4805 NW 79TH AVENUE
 STE 15
 MIAMI SPRINGS FL 33166**

2. Principal Place of Business

**7255 NW 68th STREET
 Suite, Apt. #, etc.
 OFFICE 12**

3. Mailing Address

**7255 NW 68th STREET
 Suite, Apt. #, etc.
 OFFICE 12**

City & State

MIAMI, FL 33166

City & State

MIAMI, FL 33166

Zip

Country

Zip

Country

4. FEI Number

65-0884953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CRUZ, ERNEST
 3900 NW 79TH AVENUE STE 326
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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, 2001 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

TITLE **D** ☐ Delete
 NAME **ENGLEBRECHT, MARIA H**
 STREET ADDRESS **321 DEER RUN DRIVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **VP** ☐ Delete
 NAME **RODRIGUES, IVETTE A**
 STREET ADDRESS **366 NW 164T AVENUE**
 CITY-ST-ZIP **HOLLYWOOD FL 33028**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
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 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:

Ivette A. Rodriguez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IVETTE A. RODRIGUEZ

3/2/01
 Date

(305) 885-5565
 Daytime Phone #

CR2E034 (10/00)