

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90051 028 ***150.00

DOCUMENT # P98000090893

1. Entity Name
LGC SCIENTIFIC SUPPLY, INC.

Principal Place of Business 10540 S.W. 26TH STREET #G106 MIAMI FL 33172	Mailing Address 8890 S.W. 24TH STREET SUITE 210 MIAMI FL 33165-2060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10540 NW 26 ST	3. Mailing Address
Suite, Apt. #, etc. 67106	Suite, Apt. #, etc.

City & State Mikoni FL	City & State	4. FEI Number 65-0871178	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33172	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, RENE 8890 S.W. 24TH STREET SUITE 210 MIAMI FL 33165		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 _____ DATE _____
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DCF AMORIM, MARIA 9429 FOUNTAINBLEAU BLVD., #201 MIAMI FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		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: *Maria DCF Amorim* **SIGNATURE REQUIRED** MARIA DCF AMORIM 4/18/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)