

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001004

1. Entity Name

LABEL WORKS, INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-01-2000 90004 041 \*\*\*550.00

Principal Place of Business

755 EAST 49TH STREET  
 SUITE 8  
 HIALEAH FL 33013

Mailing Address

755 EAST 49TH STREET  
 SUITE 8  
 HIALEAH FL 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0891368

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

ARVESU, MANUEL M ESQ.  
 2121 PONCE DE LEON BLVD.  
 SUITE 920  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: **CARLOS LEON**  
 Street Address (P.O. Box Number is Not Acceptable): **755 E. 49th St. # 8**  
 City: **Hialeah** FL Zip Code: **33013**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEON, CARLOS 755 EAST 49TH STREET HIALEAH FL 33013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROSENTHAL, JEFF 755 EAST 49TH STREET HIALEAH FL 33013	<input checked="" 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"/> Delete
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #