

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051317

1. Entity Name

LABRADOR SERVICES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90098 018 ***150.00

Principal Place of Business

Mailing Address

2501 SE 9TH ST.
POMPANO BCH FL 33062

2501 SE 9TH ST.
POMPANO BCH FL 33062-6708

2. Principal Place of Business

3. Mailing Address

2323 - SW 26th Ave

2323 - SW 26th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FLA

City & State

FORT LAUDERDALE FLA

4. FEI Number

59-3573051

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIAU, HENRI
2501 SE 9TH ST.
POMPANO BCH FL 33062

Name
LORRAINE VAN MOORHEM

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

2323 - SW 26th Ave

City
FORT LAUDERDALE

FL

Zip Code

33312

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

Lorraine Van Moorem (LORRAINE VAN MOORHEM)

4-23-00

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, 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 D ☐ Delete
NAME VIAU, HENRI
STREET ADDRESS 2501 SE 9TH ST.
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE PRESIDENT ☒ Change ☐ Addition
NAME HENRI VIAU
STREET ADDRESS 130 - RUE DESCHAMPS
CITY-ST-ZIP REPENTIGNY, QUEBEC J6A 2X9

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

954-587-

Daytime Phone #

CR2E034 (9/99)