

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095138

1. Entity Name
LABR INVESTMENTS, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90024 016 ***150.00

0151200

Principal Place of Business
**1000 BRICKELL AVENUE
SUITE 660
MIAMI FL 33131**

Mailing Address
**1000 BRICKELL AVENUE
SUITE 660
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

176 TANNERS POND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

GARDEN CITY

City & State

City & State

NEW YORK

Zip

Country

Zip

Country

11530

USA

4. FEI Number **65-0963456**

Applied For

Not Applicable

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

**XIQUES, ALBERT J ESQ.
1000 BRICKELL AVENUE
SUITE 660
MIAMI FL 33131**

Name **Carlos M. Machado, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
1000 Brickell Avenue, Ste. 660

City

Miami

FL

Zip Code

33131

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

Carlos Machado 4/3/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete
NAME **BLANCO, LUIS A**
STREET ADDRESS **176 TANNERS POND RD**
CITY-ST-ZIP **GARDEN CITY NY 11530**

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

TITLE **VPT** ☐ Delete
NAME **BLANCO, MIRIAM**
STREET ADDRESS **176 TANNERS POND RD**
CITY-ST-ZIP **GARDEN CITY NY 11530**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis A. Blanco

Date

4-2-01 (516) 352-6524

Daytime Phone #

CR2E034 (10/00)