

2000 UNIFORM BUSINESS REPORT (UBR)

5/5

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-09-2000 90136 018 ***150.00

DOCUMENT #

1. Entity Name

PATHEL LABORATORY, INC

P99000100071

Principal Place of Business

630 ALTON ROAD
MIAMI BEACH FL 33139

Mailing Address

630 ALTON ROAD
MIAMI BEACH FL 33139-5802

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

65-0961417

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRERO, ELVIRA

630 ALTON RD
MIAMI BCH FL 33139

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 reissuing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete
GUERRERO, ELVIRA
8750 COLLINS AVE APT 611
MIAMI BCH FL 33140

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Enrico Guerrero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/28/00

2000 UNIFORM BUSINESS REPORT (UBR)

0139492

DOCUMENT # P99000100271

1. Entity Name

PATHEL LABORATORY INC.

R

Principal Place of Business

Mailing Address

8433 W. OKEECHOBEE RD.
SECOND FLOOR, SUITE D
HIALEAH GARDENS FL 33016

8433 W. OKEECHOBEE RD.
SECOND FLOOR, SUITE D
HIALEAH GARDENS FL 33016-2110

306772

2. Principal Place of Business

3. Mailing Address

630 ALTON RD

630 ALTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PATHOLOGY DPT.

PATHOLOGY DPT.

City & State

City & State

MIAMI BEACH, FL

MIAMI BEACH, FL

Zip

Country

Zip

Country

33139

DADE.

33139

DADE

4. FEI Number

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

GUERRERO, ELVIRA
8433 W. OKEECHOBEE RD.
SECOND FLOOR, SUITE D
HIALEAH GARDENS FL 33016

Name

ELVIRA GUERRERO

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

5750 COLLINS AVE APT. 6H

City

MIAMI BEACH

FL

Zip Code

33140

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 ELVIRA GUERRERO

Elvira Guerrero

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, 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 PD
NAME GUERRERO, ELVIRA
STREET ADDRESS 8433 W. OKEECHOBEE RD. 5TH FLOOR SUITE D
CITY-ST-ZIP HIALEAH GARDENS FL 33016 ☐ Delete

TITLE
NAME ELVIRA GUERRERO ☒ Change ☐ Addition
STREET ADDRESS 5750 COLLINS AVE APT. 6H
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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SIGNATURE:

Elvira Guerrero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/2000

Date

Daytime Phone #

F2E034 (1/99)