

2000 UNIFORM BUSINESS REPORT (UBR)

0000027

DOCUMENT # P99000111860

1. Entity Name

LABCARE, INC.

FILED

00 APR -3 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O ALBERTO J PARLADE
7050 SW 86 AVE
MIAMI FL 33143

C/O ALBERTO J PARLADE
7050 SW 86 AVE
MIAMI FL 33143

2. Principal Place of Business
4970 SW 72 AVE

3. Mailing Address

Suite, Apt. #, etc.
#109

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33143

Country
U.S.A.

Zip

Country

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

PARLADE, ALBERTO J
7050 SW 86 AVE
MIAMI FL 33143

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 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 D/P/S ☐ Delete
NAME DE LIMA, JOSE R
STREET ADDRESS 7050 SW 86 AVE
CITY-ST-ZIP MIAMI FL 33143

TITLE D/P ☒ Change ☐ Addition
NAME Jose R. De Lima
STREET ADDRESS 4970 S.W. 72 Avenue, #109
CITY-ST-ZIP Miami, Florida 33143

TITLE D/VP/T ☐ Delete
NAME DE LIMA, VALDEREZ M
STREET ADDRESS 7050 SW 86 AVE
CITY-ST-ZIP MIAMI FL 33143

TITLE D/VP ☒ Change ☐ Addition
NAME Valderez M. De Lima
STREET ADDRESS 4970 S.W. 72 Avenue, #109
CITY-ST-ZIP Miami, Florida 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T ☐ Change ☒ Addition
NAME Rafael A. Quevedo
STREET ADDRESS 4970 S.W. 72 Avenue, #109
CITY-ST-ZIP Miami, Florida 33155

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 100003208311-4
STREET ADDRESS -04/13/00-01129-008
CITY-ST-ZIP *****158.75 *****158.75

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

Jose R. De Lima 3/28/00 305-595-2300

Date

Daytime Phone #

CR2E034 (9/99)

KE