

T02000000453

C. J. Sanchez

Requestor's Name

6627 Tim Tam Trail

Address

Tallahassee FL 32309

City/State/Zip

893-7760

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) 000005481280--5
-05/07/02--01058--003
*****87.50 *****87.50
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #) CORATM \$87.50
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☒ Walk in

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☐ Photocopy

☐ Certificate of Status

02 MAY -2 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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02 MAY -2 PM 12:38
TALLAHASSEE, FLORIDA

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Charles J. Sanchez
6627 Tim Tam Trail
Tallahassee, FL 32309
(850) 893-7760
Daytime Telephone number

PART I

1. (a) Applicant's name: PAL Laboratories, Inc.

(b) Applicant's business address: 10655 N.W. 29 Terrace
Miami, FL 33172
City/State/Zip

(c) Applicant's telephone number: (305) 463-2258

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other: _____
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: V30621 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 65-0644731

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

Nutritional supplements labels & OTC pharmaceuticals.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

Labels, promotional literature

(Continued)

d) The class(es) in which goods or services fall:

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PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: Sep. 1998 (b) Date first used in Florida: Sep. 1998

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

The word "PAL" & logo consisting of a parallelogram with points at top & bottom and left & right and the word "PAL" in the center.

English Translation Not Applicable

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " " APART FROM THE MARK AS SHOWN.

I, Charles J. Sanchez, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

PAL Laboratories, Inc.

Typed or printed name of applicant

Charles J. Sanchez, Asst. Secretary
Applicant's signature or authorized person's signature
(List name and title)

STATE OF

Florida

COUNTY OF

Leon

On this 2nd day of May, 2002, Charles J. Sanchez personally appeared before me,

☒ who is personally known to me ☐ whose identity I proved on the basis of

(Seal)

Notary Public Signature

Notary's Printed Name



Judy Eure
MY COMMISSION # DD085631 EXPIRES
January 26, 2006
BONDED THRU TROY FAIR INSURANCE, INC.

My Commission Expires: 1-26-06

FEE: \$87.50 per class

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

Directions: Adults take two (2) softgels daily, preferably with meals, as a dietary supplement.

Modo de uso: Adultos tomar dos cápsulas suaves al día, preferiblemente con comida, como suplemento alimenticio.

Manufactured by: PAL Laboratories Inc.
Miami, FL 33172 USA • MADE IN USA



This product has been manufactured in an FDA inspected facility.



VITAMIN E
400 IU

100 SOFTGELS
Dietary Supplement

Supplement Facts

Serving Size: 2 softgels
Servings per container: 50

Amount per serving (% Daily Value)	
Vitamin E	400 IU 1333%
(as dl-alpha tocopheryl acetate)	

Other ingredients: Gelatin, glycerin, purified water.

STORE IN A COOL DRY PLACE
KEEP OUT OF REACH OF CHILDREN
DO NOT USE IF SAFETY SEAL IS BROKEN