

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90076 042 \*\*\*158.75

0403372

**DOCUMENT # P00000089112**

1. Entity Name

**LABMAN INTERNATIONAL INC.**

Principal Place of Business

**4595 14 STREET WEST  
 BRADENTON FL 34207**

Mailing Address

**4595 14 STREET WEST  
 BRADENTON FL 34207**

2. Principal Place of Business

**1505 CHURCH STREET**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 295,**

Suite, Apt. #, etc.

City & State

**COLEMAN FL**

City & State

**COLEMAN FL**

4. FEI Number

**59-3671689 142312**

Applied For

Not Applicable

Zip

**33521**

Country

**U.S.A.**

Zip

**33521**

Country

**U.S.A.**

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GARROD, JANE  
 4595 14 STREET WEST  
 BRADENTON FL 34207**

7. Name and Address of New Registered Agent

Name

**PATEL YOGEN**

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

**1505 CHURCH STREET**

City

**COLEMAN**

**FL**

Zip Code

**33521**

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

*Yogen Patel* **YOGEN. PATEL**

**03/21/01**

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, 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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PATEL, YOGEN</b>	
STREET ADDRESS	<b>4595 14 STREET WEST</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34207</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL YOGEN</b>	
STREET ADDRESS	<b>1505 CHURCH STREET</b>	
CITY-ST-ZIP	<b>COLEMAN FL 33521</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Yogen Patel* **YOGEN. PATEL**

**03/21/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)