

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90124 025 \*\*\*158.75

SECRET  
AT

**DOCUMENT # P0000089112**

1. Entity Name  
**LABMAN INTERNATIONAL INC.**

Principal Place of Business  
**1505 CHURCH STREET  
 COLEMAN FL 33521**

Mailing Address  
**P.O. BOX 295  
 COLEMAN FL 33521**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3671689**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**31533**

**COFFEE**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOGEN, PATEL  
 1505 CHURCH STREET  
 COLEMAN FL 33521**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Yogen Patel*

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P PATEL, YOGEN 1505 CHURCH STREET COLEMAN FL 33521</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Yogen Patel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/22/02**

Date

**912-384-2151**

Daytime Phone #

CR2E034 (4/02)

*Attachment*

LABMAN INTERNATIONAL INC.  
1505 CHURCH ST.,  
COLEMAN  
FL-33521

July 22, 2002

TO,  
UNIFORM BUSINESS REPORT  
DIVISIONS OF CORPORATIONS  
P.O. BOX 1500,  
TALLAHASSEE  
FL-32302-1500

Dear Sir/Madam,

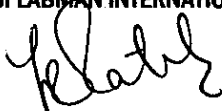
REF: UBR DOCUMENT #P00000089112 FOR LABMAN INTERNATIONAL INC.,

PLEASE NOTE THAT THE CORPORATION DID NOT RECEIVE A PRIOR NOTICE FOR FILING UBR FOR 2002.

PLEASE FIND ATTACHED CHECK FOR THE FILING FEES.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER

Sincerely,  
For LABMAN INTERNATIONAL INC.,

  
YOGEN.PATEL  
PRESIDENT.,CEO