

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007508

1. Entity Name

G & G LABORATORIES, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90022 026 ***150.00

Principal Place of Business

20533 BISCAYNE BLVD
04-226N
AVENTURA FL 33180
US

Mailing Address

20533 BISCAYNE BLVD
STE 04 N226
AVENTURA FL 33180-1529
US

2. Principal Place of Business

3. Mailing Address

3241 NE 165 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N.M.B.

4. FEI Number

65-0464310

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

33

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

GARIBOTTO, DANIEL A

Name

GARIBOTTO, DANIEL

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

3241 NE 165 STREET

City

N.M.B.

FL

Zip Code

33160

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
GARIBOTTO, DANIEL A
20533 BISCAYNE BLVD STE 4 N226
AVENTURA FL

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

Same
Same
3241 NE 165 Street
NMB FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
GARIBOTTO, MARLI E
20533 BISCAYNE BLVD STE 4 N226
AVENTURA FL

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

Same
3241 NE 165 Street
NMB FL 33160

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/15/00 3057578000