

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90091 012 ***150.00

DOCUMENT # P94000007508

1. Entity Name
G & G LABORATORIES, INC.



Principal Place of Business
**20533 BISCAYNE BLVD
04-226N
AVENTURA FL 33180
US**

Mailing Address
**3241 NE 165 STREET
STE 04, N226
MIAMI FL 33160
US**



2. Principal Place of Business

3. Mailing Address
16462 NE 34th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
North Miami Beach, Fl.

4. FEI Number **65-0464310**

Applied For
 Not Applicable

Zip

Country

Zip
33160-4141

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

**GARIBOTTO, DANIEL A
3241 NE 165 STREET
MIAMI FL 33160**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
GARIBOTTO, DANIEL A
3241 NE 165 STREET
MIAMI FL 33160** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**16462 NE 34th Avenue
North Miami Beach, Fl. 33160-4141** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
GARIBOTTO, MARIE
3241 NE 165 STREET
MIAMI FL 33160** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**16462 NE 34th Avenue
North Miami Beach, Fl. 33160-4140** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03
Date

305-757-8080
Daytime Phone #

CR2E034 (10/02)