

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90101 024 ***150.00

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1. Entity Name
DR. EINSTEIN'S SCIENCE STORE, CORP.

Principal Place of Business
**5050 BISCAYNE BLVD.
MIAMI FL 33137**

Mailing Address
**3241 NE 165 STREET
N MIAMI BEACH FL 33160
US**

2. Principal Place of Business

3. Mailing Address
16462 NE 34th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
N. Miami Beach, FL.

4. FEI Number **65-0955861**

Applied For
Not Applicable

Zip

Country

Zip
33160-4141

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GARIBOTTO, DANIEL
5050 BISCAYNE BLVD.
MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **Same**
Street Address (P.O. Box Number is Not Acceptable)
16462 NE 34th Avenue
City **North Miami Beach** State **FL** Zip Code **33140-4141**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D GARIBOTTO, DANIEL 5050 BISCAYNE BLVD. MIAMI FL 33137	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D GARIBOTT. O. MARLI 5050 BISCAYNE BLVD. MIAMI FL 33137	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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

Date **1/28/03** Daytime Phone # **305-757-8000**

CR2E034 (10/02)