

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 316186

1. Entity Name

GB INSTRUMENTS INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90014 019 ***150.00

Principal Place of Business

Mailing Address

2030 COOLIDGE ST
HOLLYWOOD FL 33020-2428

2030 COOLIDGE ST
HOLLYWOOD FLA 33020-2428

2. Principal Place of Business

1143 W. NEWPORT CTR DR.

Suite, Apt. #, etc.

3. Mailing Address

1143 W. NEWPORT CTR DR

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

4. FEI Number

59-1166350

Applied For

Not Applicable

Zip

33442

Country

U.S.A

Zip

33442

Country

U.S.A

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

A&P REGISTERED AGENT, INC.
2450 SW 137TH AVE., SUITE 226
MIAMI FL 33175

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.

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 TSV ☐ Delete

NAME BALDATTI, SUSANA
STREET ADDRESS 10590 NW 18TH COURT
CITY-ST-ZIP PLANTATION FL

TITLE D ☐ Change ☒ Addition

NAME STAUFFER, LLOYD M. JR.
STREET ADDRESS 3228 BEECHBERRY CIRCLE
CITY-ST-ZIP DAVIE, FL 33328

TITLE D ☐ Delete

NAME GRAVES, G BARRY
STREET ADDRESS 5184 DAVANTRY DR
CITY-ST-ZIP DUNWOODY GA

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PC ☐ Delete

NAME ROCHMAN, MAURICE
STREET ADDRESS 9561 NW 13TH ST.
CITY-ST-ZIP PLANTATION FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete

NAME WIENER, LAWRENCE
STREET ADDRESS 3939 HOLLYWOOD BLVD SUITE 1A
CITY-ST-ZIP JOLLYWOOD FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete

NAME DEA, RICHARD F
STREET ADDRESS 403 SE 1ST STREET
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete

NAME WOLKENFELD, MARK
STREET ADDRESS 17635 NE 8TH CT
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ Change ☐ 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:

Susana Baldatti, TSV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2000 954-596-5000
Date Daytime Phone #

CR2E034 (9/99)