

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91147 041 \*\*\*150.00

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**DOCUMENT # 572509**

1. Entity Name  
**GAGLIOTI INSTRUMENT LABS., INC.**



Principal Place of Business  
~~2100 W. 76TH ST.~~  
~~SUITE 304-A~~  
~~HIALEAH FL 33016~~  
~~US~~

Mailing Address  
~~2100 W. 76TH ST.~~  
~~SUITE 304-A~~  
~~HIALEAH FL 33016~~  
~~US~~



2. Principal Place of Business

3. Mailing Address

**7356 Oakland Hills Dr**  
Suite, Apt. #, etc.

**7356 Oakland Hills Dr.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Miami, Fla.**  
Zip  
**33015**  
Country  
**U.S.A.**

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**Miami, Fla.**  
Zip  
**33015**  
Country  
**U.S.A.**

4. FEI Number **59-1820940**

Applied For  
Not Applicable

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

**GAGLIOTI, JOSEPH V.**

Name

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

City

**FL**

Zip Code

Mr. Joseph V. Gaglioti  
7356 Oakland Hills Dr.  
Hialeah, FL 33015  
**Miami**

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	PTD	<input type="checkbox"/> Delete
NAME	GAGLIOTI, JOSEPH V.	
STREET ADDRESS	7356 Oakland Hills Dr.	
CITY-ST-ZIP	Hialeah, FL 33015	
TITLE	<b>Miami</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**305-829-2342**

Daytime Phone #

CR2E034 (10/02)