FILED
Jun 05, 2002 8:00 am
Secretary of State
05-13-2002 90153 033 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000014107

1. Entity Name
GOGO'S BROTHER'S, INC

917.38

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
272 189 ST GOLDEN SHORE	PO BOX 414444
Suite, Apt. #, etc. SUNNY ISLES	Suite, Apt. #, etc.
City & State NORTH MIAMI BEACH	City & State MIAMI BEACH FL
Zip 33160 Country	Zip 33141 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0980461

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name RICARDO GASTON PANIZZA
Street Address (P. O. Box Number is Not Acceptable) 272 189 ST GOLDEN SHORE SUNNY ISLES
City NORTH MIAMI BEACH FL 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: X [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. ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT	TITLE	
NAME	RICARDO GASTON PANIZZA	NAME	
STREET ADDRESS	272 189 ST GOLDEN SHORE SUNNY ISLES	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	LAURA B. PRIOR	NAME	
STREET ADDRESS	272 189 ST GOLDEN SHORE SUNNY ISLES	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 06/03/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR