2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000040951

Entity Name: GYNE LAB.COM INC.

Current Principal Place of Business:

C/O SOUTH BROWARD ACCOUNTING SRV, INC
2845 AVENTURA BLVD 246
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

C/O SOUTH BROWARD ACCOUNTING SRV, INC
2845 AVENTURA BLVD 246
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-1011625 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHEDIAK, MIRTA
C/O SOUTH BROWARD ACCOUNTING SERVICE, INC.
7777 N. DAVIE ROAD EXT., SUITE 102B
HOLLYWOOD, FL 33024

Name and Address of New Registered Agent:

CHEDIAK, MIRTA
C/O SOUTH BROWARD ACCOUNTING SERVICE, INC.
1152 N UNIVERSITY DR STE 202
PEMBROKE PINES, FL 33024

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: 02/12/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ( ).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GOLDSMITH, JASON
Address: 2845 AVENTURA BLVD 246
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: GOLDSMITH, CHARLES
Address: 2845 AVENTURA BLVD 246
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON GOLDSMITH D 02/12/2002
Electronic Signature of Signing Officer or Director — Date