

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080900

1. Entity Name

HGR LABORATORY SUPPLIES, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7220 NW 36TH STREET

Suite, Apt. #, etc.

SUITE 515

City & State

MIAMI FL

Zip

33166

Country

MIAMI-DADE

3. Mailing Address

901 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 606

City & State

CORAL GABLES, FL

Zip

33134

Country

MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-3074157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

IVAN GONZALEZ

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

901 PONCE DE LEON BLVD, SUITE 606

City

CORAL GABLES

FL

Zip Code

33134

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P
NAME IVAN GONZALEZ
STREET ADDRESS 901 PONCE DE LEON BLVD, #606
CITY - ST - ZIP CORAL GABLES, FL 33134

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03/26/03--01060--003 **150.00

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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HGR Laboratory Supplies Corp.
901 Ponce de Leon Blvd.
Suite 606
Coral Gables, FL 33134

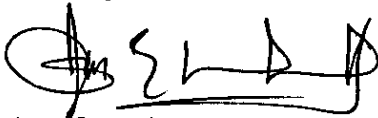
September 11, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 901 Ponce de Leon Blvd. Suite 606, Coral Gables, FL 33134. Accordingly we did not receive on a timely basis the Uniform Business Report for the year 2002. Attached please find a check for \$150.00 for the filing fees. We respectfully request that you abate the penalties for filing late.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ivan Gonzalez', with a stylized flourish at the end.

Ivan Gonzalez
President