


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000043585 1. Entity Name SUNCOAST LABORATORIES, INC.	
---------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1301 SAWGRASS CORP PKWY SUNRISE, FL 33323 US	Mailing Address 1301 SAWGRASS CORP PKWY SUNRISE, FL 33323 US
--------------------------------------------------------------------------------	--------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0423082	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

GMI PRODUCTS, INC.
1301 SAWGRASS CORPORATE PKWY
SUNRISE, FL 33323

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MINSKI, MEYER 1301 SAWGRASS CORP PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDS MINSKI, JOSE 1301 SAWGRASS CORP PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MINSKI, RUBEN 1301 SAWGRASS CORP PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000018471
01/28/04-80138-005 150.00

**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)(f), 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:  **JOSE MINSKI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 **954-233-3300**
Date Daytime Phone #