

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 06, 2001 8:00 am**
Secretary of State

03-06-2001 90316 013 ***150.00

DOCUMENT # 2616341. Entity Name
GALT PLAZA APARTMENTS, INC.

Principal Place of Business

**3200 N E 36 ST
FORT LAUDERDALE FL 33308**

Mailing Address

**3200 N E 36 ST
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1027000**

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

**POLIAKOFF, GARY
C/O BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT LAUDERDALE FL 33312**Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/2/01
DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** **XX** Delete
NAME **LARSON, DON**
STREET ADDRESS **3200 NE 36TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**TITLE ☐ Change **XX** Addition
NAME **HAZEL, ROLAND**
STREET ADDRESS **PRESIDENT**
CITY-ST-ZIP **3200 NE 36th STREET FT. LAUDERDALE, FL 33308**TITLE **BM** **XX** Delete
NAME **PERRY, ROBERT**
STREET ADDRESS **3200 NE 36TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**TITLE ☐ Change **XX** Addition
NAME **Treasurer**
STREET ADDRESS **LOUIS CISSONE**
CITY-ST-ZIP **3200 NE 36th STREET, FT. LAUDERDALE FL 33308**TITLE **Vice President** ☐ Delete
NAME **VINCENT, KENNETH**
STREET ADDRESS **3200 NE 36 STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**TITLE ☐ Change **XX** Addition
NAME **SECRETARY PHYLISS KOVACH**
STREET ADDRESS **3200 NE 36th STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**TITLE **XX** Delete
NAME **BARNARD, ANN**
STREET ADDRESS **3200 NE 36 ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**TITLE ☐ Change **XX** Addition
NAME **BM- SASSO, JOYCE**
STREET ADDRESS **3200 NE 36th STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**TITLE **XX** Delete
NAME **KORNATOWSKI, JEAN**
STREET ADDRESS **3200 NE 36TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**TITLE ☐ Change **XX** Addition
NAME **BM - PARENT, MARY**
STREET ADDRESS **3200 NE 36th STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**TITLE **SD** **XX** Delete
NAME **MADISON, LAWRENCE**
STREET ADDRESS **3200 NE 36TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33308**TITLE ☐ Change **XX** Addition
NAME **BM- TODD, HAL**
STREET ADDRESS **3200 NE 36th STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

13. 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 11 or Block 12 if changed, 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 #

CR2E034 (10/00)