

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am Secretary of State

02-05-2001 90056 033 ***150.00

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1. Entity Name
GELIN & WEEKES PROFESSIONAL ASSOCIATION LAW OFF

Principal Place of Business
111 KANE CONCOURSE, SUITE 607
BAY HARBOR ISLANDS FL 33154

Mailing Address
111 KANE CONCOURSE, SUITE 607
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business
28 West Flagler Street
Suite, Apt. #, etc.
Suite 610
City & State
Miami, FL

3. Mailing Address
28 West Flagler Street
Suite, Apt. #, etc.
Suite 610
City & State
Miami, FL



DO NOT WRITE IN THIS SPACE

Zip
33130
Country
US

Country
US

Zip
33130
Country
US

Country
US

4. FEI Number
65-1010672
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WEEKES, GORDON H JR
2370 N.E. 135TH ST., #402
N. MIAMI FL 33181

7. Name and Address of New Registered Agent
Name
Gordon H. Weekes, Jr.
Street Address (P.O. Box Number is Not Acceptable)
28 West Flagler Street
Suite 610
City
Miami FL Zip Code
33130

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. **Gordon H. Weekes, Jr.** DATE **Jan 29, 2001**
(NOTE: Registered Agent signature required when reinstating)

9. 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 State

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

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	Shareholder		
NAME	Donald Gelin, P.A.		
STREET ADDRESS	28 West Flagler Street, Suite 610		
CITY-ST-ZIP	Miami, FL 33130		
TITLE	Shareholder		
NAME	Gordon H. Weekes, Jr., P.A.		
STREET ADDRESS	28 West Flagler Street, Suite 610		
CITY-ST-ZIP	Miami, FL 33130		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 **Gordon H. Weekes, Jr.** Date **Jan 29, 2001** Daytime Phone #

CR2E034 (10/00)