

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077730 ✓
1. Entity Name O. R. GALLERY, INC.

Principal Place of Business 15845 Redington Dr.
 Redington Beach, FLORIDA, 33708

Mailing Address 15845 Redington Drive
 Redington Beach, FL 33708

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Zip **Country** Country

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS

00 MAY 11 AM 8:28

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3531870 **Applicable For** Not Applicable

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

6. Name and Address of Current Registered Agent
 Spiegel & Uttera, P.A. Lawyers
 343 Almeria Avenue
 Coral Gables, FL 33134

7. Name and Address of New Registered Agent

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 _____

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. See order on back.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$250.00 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11-11)	
TITLE: OFFICER, Director NAME: Kenneth W. Marcori STREET ADDRESS: 16363 Redington Drive CITY-STATE-ZIP: Redington Beach, FL 33708 <input checked="" type="checkbox"/> Delete	TITLE: OFFICER, Director NAME: Lenka Mal'kova STREET ADDRESS: 16363 Redington Drive CITY-STATE-ZIP: Redington Beach, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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; that the receiver or trustee empowered to execute this report as required by Chapter 307, 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: *Lenka Mal'kova* **4/27/2000 727-3933239**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date