2000 UNIFORM BUSINESS REPORT (UBR)

6/9/00-

FILED
Jul 07, 2000 8:00 am
Secretary of State
06-09-2000 90218 025 ***150.00

DOCUMENT # P99000095325

Entity Name

G.A.L. TITLE SERVICES, INC.

R

Principal Place of Business	Mailing Address
BRICKELL KEY DRIVE STE 400 FL 33131	501 BRICKELL KEY DRIVE STE 400 MIAMI FL 33131-2624

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0965307 ☐ 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
LEVINSON, GARY A 501 BRICKELL KEY DRIVE STE 400 MIAMI FL 33131	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) DATE

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINSON, GARY A 501 BRICKELL KEY DRIVE STE 400 MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 6/6/00 (305) 374-3471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gary A. Levinson, President

DOC#P99000095325

307842

LAW OFFICES

LEVINSON & LICHTMAN, LLP

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

COURVOISIER CENTRE
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FLORIDA 33131

TELEPHONE (305) 374-3471
FACSIMILE (305) 374-2855

BOCA RATON OFFICE
SANCTUARY CENTRE
4800 NORTH FEDERAL HIGHWAY
SUITE D-100
BOCA RATON, FLORIDA 33431

TELEPHONE: (561) 447-0017
FACSIMILE: (561) 447-0018
EVENING: (561) 361-4030

GARY A. LEVINSON
MEMBER FLORIDA AND CALIFORNIA BAR

VIA OVERNIGHT MAIL

June 6, 2000

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

Re: G.A.L. Title Services, Inc.,
Document #P99000095325

Dear Sir or Madam:

In connection with the above-referenced, enclosed please find check number 1015, in the amount of $150.00, payable to Department of State.

Our office did not receive the first pre-printed Uniform Business Report.

Sincerely,

Gary A. Levinson