

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 410407

1. Entity Name

PHIL C. GALLAGHER ASSOCIATES, INC.

Principal Place of Business

3050 BISCAYNE BLVD.  
SUITE 412  
MIAMI FL 33137  
US

Mailing Address

3050 BISCAYNE BLVD.  
SUITE 412  
MIAMI FL 33137  
US

2. Principal Place of Business

3401 N.W. 82nd Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

Suite, Apt. #, etc.

City & State

City & State

Zip

33122

Country

USA

Zip

Country

Country

4. FEI Number

59-1419064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, PHIL C.  
3050 BISCAYNE BLVD.  
SUITE 412  
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name PHIL C. GALLAGHER

Street Address (P.O. Box Number is Not Acceptable)

3401 N.W. 82nd Ave

City

Miami

FL

Zip Code

33122

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE PSD ☐ Delete

NAME GALLAGHER, PHIL C.  
STREET ADDRESS 3050 BISCAYNE BLVD., SUITE 412  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete

NAME GALLAGHER, VIVIAN E  
STREET ADDRESS 3050 BISCAYNE BLVD STE 412  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete

NAME LESSIG, PAMELA  
STREET ADDRESS 3050 BISCAYNE BLVD STE 412  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 3401 N.W. 82nd Ave # 300  
CITY-ST-ZIP Miami Fla. 33122

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 3401 N.W. 82nd Ave # 300  
CITY-ST-ZIP Miami FL 33122

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 3401 N.W. 82nd Ave  
CITY-ST-ZIP Miami FL 33122

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*PHIL C. GALLAGHER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-00

Date

305-714-446

Daytime Phone #

FILED  
Jul 25, 2000 8:00 am  
Secretary of State

07-25-2000 90101 013 \*\*\*550.00

000001



DO NOT WRITE IN THIS SPACE