

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90110 009 ***150.00

DOCUMENT # 480135

1. Entity Name

GILLER, INC.

Principal Place of Business

Mailing Address

**975 ARTHUR GODFREY RD.
 MIAMI BEACH FL 33140**

**975 ARTHUR GODFREY RD.
 MIAMI BEACH FL 33140-3329**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2295734

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILLER, NORMAN M.
 975 ARTHUR GODFREY RD.
 MIAMI BEACH FL 33140**

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

SD Delete
GILLER, HONEY E
975 ARTHUR GODFREY RD
MIAMI BEACH FL

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

PT Delete
GILLER, IRA D.
975 ARTHUR GODFREY RD.
MIAMI BEACH FL

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

D Delete
GILLER, IRA D.
975 ARTHUR GODFREY RD.
MIAMI BEACH FL

TITLE
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 STREET ADDRESS
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 CITY - ST - ZIP

Change Addition

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 supplementary 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 employed 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 my address in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00

Date

(305) 538-6324

Daytime Phone #

CR2FR34 (9/99)