

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766586

1. Entity Name

GALLOWAY PROFESSIONAL BUILDING CONDOMINIUM ASSOC

Principal Place of Business

825 S.W. 87TH AVE.
SUITE 3-H
MIAMI FL 33174-3253

Mailing Address

825 S.W. 87TH AVE.
SUITE 3-H
MIAMI FL 33174-3253

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

65-0046008

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

Name

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

City

FL

Zip Code

UILAR, TERESA
C/O VIALR PROPERTY MGMT
305 ALCAZAR AVE
CORAL GABLES FL 33134

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CRUZ, ROBERTO E
STREET ADDRESS 8255 W 87 AVE STE
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE TD
NAME CRUZ, ARMANDO J
STREET ADDRESS 825 SW 87 AVE / STE
CITY-ST-ZIP MIAMI, FL 00000

☐ Delete

TITLE SD
NAME CRUZ, DARLENE
STREET ADDRESS 825 SW 87 AVE / STW
CITY-ST-ZIP MIAMI, FL 00000

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90034 005 ****61.25



DO NOT WRITE IN THIS SPACE

01-24-00 (500) 266 8746