

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90174 007 ****70.00

UN3478

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

00035044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0046008

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **ROBERT E. CRUZ**

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

825 S.W. 87 AVE, 2ND FLOOR # C
 City **MIAMI** FL **33174**

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

4/3/01

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** ☐ Delete
 NAME **CRUZ, ROBERTO E**
 STREET ADDRESS **8255 W 87 AVE STE**
 CITY-ST-ZIP **MIAMI FL**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

ROBERTO E. CRUZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/01 (305) 266-0600

CR2E037 (10/00)