

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000193

1. Entity Name

GILLER ENTERPRISES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -6 PM 1:33

Principal Place of Business  
C/O THE GILLER BUILDING  
975 ARTHUR GODFREY ROAD  
MIAMI BEACH FL 33140

Mailing Address  
C/O THE GILLER BUILDING  
975 ARTHUR GODFREY ROAD  
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

65-0896902

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

DANIELS, NICHOLAS M ESQ.  
C/O THERREL BAISDEN, P.A.  
ONE S.E. 3RD AVENUE, SUITE 2400  
MIAMI FL 33131

Name

Norman M. Giller

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

975 41st Street, Suite 401

City

Miami Beach

FL

Zip Code

33140

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]*

(NOTE: Registered Agent signature required when reinstating)

5/30/00

DATE

9. Capital Contributions  
as Shown on record.

\$2,542,172.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000007208  
NAME RELIG, INC.  
STREET ADDRESS 975 ARTHUR GODFREY ROAD  
CITY - ST - ZIP MIAMI BEACH FL 33140

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/18/00 305-538-6324