

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # G97217

1. Corporation Name

FERNANDO Z. GATELL, P.L.S. INC.

Principal Place	of Business	Mailing Address								
1700 SW 57 AV	/E	1700 SW 57TH AVE.								
SUITE 200		SUITE 200								
MIAMI FL 33155	5	MIAMI FL 33155.	-					TE IN THE	S SPACE	
US	•	US				3. Date Incorporated or C	ualifed			
					_	03/22/1984				
2. Principal Pl	ace of Business	2a. Mailing Address	N 200			4. FEI Number	·			Applied For
21		26				59-2400441				Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status De	olrod	1	\$8.75	Additional
22		27				5. Certificate of Status De	SII CU		Fee	Required
City & State	e	City & State			•	6. Election Campaign Fin	ancing	П	\$5.0	May Be
23		28				Trust Fund Contribution	1			d to Fees
Zip	Country	Zip	Countr	у		8. This corporation owes	the curr	ent year Ir	ntangible	
24	25	29 30	<u>, </u>			Personal Property Tax.			☐ Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address o	f New F	Registered	i Agent	
			8	1 Na	me	·				
	ell, fernando Z.		. _							
	S.W. 33RD TERRACE		8:	2 517	eet Addre	ess (P.O. Box Number is Not	Accepta	ibie)		
MIAN	/II FL 33155		. 8	3				_	_	
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	·		84	4 Cit	/			FI	85 Zi	o Code
				- 1						
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11. Pursuant i	to the provisions of Sections 607.0502 egistered Sent, or both, in the State of	and 607.1508, Florida Statutes, Florida. Such change was auth	the abor	ve-nar y the c	ned corpo orporation	pration submits this statement on's board of directors. I hereb	for the	numose o	of changing ointment as	ts registered registered
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth ons of, Section 607.0505, Florida	orized by a Statute	y the cost.	orporatio	pration submits this statement on's board of directors. I hereb	for the by accep	numose o	of changing interest as	its registered registered
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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 annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CfTY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

□ DELETE

☐ Change

☐ Addition

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90083 014 ***158.75