

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91157 021 \*\*\*150.00

055445 AV

DOCUMENT # H31251

1. Entity Name  
JOEL M. GALKIN, P.A.

*GAULKIN !!!*



Principal Place of Business  
4627 PONCE DE LEON BLVD.  
2ND FLOOR  
CORAL GABLES FL 33146

Mailing Address  
4627 PONCE DE LEON BLVD.  
2ND FLOOR  
CORAL GABLES FL 33146

**1P041803**



2. Principal Place of Business  
*1320 S. DIXIE HWY*

3. Mailing Address  
*1320 S. DIXIE HWY*

Suite, Apt. #, etc.  
*PH SUITE 1275*

Suite, Apt. #, etc.  
*PH SUITE 1275*

City & State  
*CORAL GABLES FL*

City & State  
*CORAL GABLES FL*

Zip  
*33146*

Country  
*USA*

Zip  
*33146*

Country  
*USA*

4. FEI Number **59-2492459**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**GAULKIN, JOEL**  
**4627 PONCE DE LEON BLVD**  
**2 FLOOR**  
**CORAL GABLES FL 33146**

## 7. Name and Address of New Registered Agent

Name *JOEL M. GAULKIN CPA*  
Street Address (P.O. Box Number is Not Acceptable)  
*1320 S. DIXIE HWY*  
*PH SUITE 1275*  
City *CORAL GABLES* FL Zip Code *33146*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-30-03*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAULKIN, JOEL M. 4627 PONCE DE LEON BLVD. CORAL GABLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1320 S. DIXIE HWY PH SUITE 1275</i> <i>CORAL GABLES FL 33146</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

*JOEL M. GAULKIN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-30-03*

Date

Daytime Phone #

CR2E034 (10/02)