

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90086 045 ***150.00

DOCUMENT # H86520

1. Entity Name RONALD GELLES, INC.

Principal Place of Business Mailing Address 2601 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133 7150 WEST 20TH AVENUE 412 HIALEAH FL 33016 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2609767

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

7. Name and Address of New Registered Agent

A Z REGISTERED AGENT CORPORATION 2601 S. BAYSHORE DR. STE. 1600 MIAMI FL 33133

Name Ronald Gelles, MD Street Address 175 Westward Drive City Miami Springs FL Zip Code 33166

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 Ronald Gelles MD

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 6 rows for officers and directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

Table with 6 rows for additions/changes to officers and directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald Gelles MD Director 3/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ronald Gelles, MD

CR2E034 (10/00)