2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11281

1. Entity Name

GILLER & GILLER, INC.

Principal Place of Business % IRA D. GILLER 975 ARTHUR GODFREY RD MIAMI BEACH FL 33140

Mailing Address

% IRA D. GILLER 975 ARTHUR GODFREY RD MIAMI BEACH FL 33140-3329

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Apr 12, 2000 8:00 am Secretary of State

04-12-2000 90008 019 ***150.00

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Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Do Not Writte in THIS SPACE City & State City & State A, FEI Number 59-2688007 Applicable For This Applicable T	2. Principal Place of Business		3. Mailing Address									
Secretary Secr	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Secondary Seco	City & State		City & State		4. F	4. FEI Number 59-2698007						
GILLER, IRA D. 975 ARTHUR GODFREY RD MIAMI BEACH FL 33140 City FL Zip Code City FL	Zip	Country	Zip	Countr	Country		Certificate of Status Desired	8.75 Additional				
GILLER, IRA D. 975 ARTHUR GODFREY RD MIAMI BEACH FL 33140 City FL	· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curren	t Registered Agent	'		7. N	ame and Address of New Regis	stered Ag	jent			
### SATHUR GODFREY RD MIAMI BEACH FL 33140 City FL Zip Code					Name _		· -		·			
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 Signat	975 ARTHUR GODFREY RD			-	Street Address (P.O. Box Number is Not Acceptable)							
SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OFFICERS AND DIRECTORS STREET ADDRESS OITY-ST-2P TITLE NAME SIRRET ADDRESS OITY-ST-2P STREET ADDRESS OITY-ST-2P STREET ADDRESS OITY-ST-2P STREET ADDRESS OITY-ST-2P STREET ADDRESS OITY-ST-2P TITLE NAME SIRRET ADDRESS OITY-ST-2P STREET ADDRESS OITY-ST-2P TITLE NAME SIRRET ADDRESS OITY-ST-2P STREET ADDRESS OITY-ST-2P TITLE NAME SIRRET ADDRESS OITY					City			FL	Zip Code			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PO GILLER, IRA D. STREET ADDRESS OTTY-ST-2IP TITLE D	8. The above	named entity submits this statement f	or the purpose of changing its	registered	office or registe	ered age	ent, or both, in the State of Florida	۱.				
Tax filing requirement and elects to do so (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State Trust Fund Contribution. Addition Addit	SIGNATURE .	Signature, typed or printed name of registered ager	at and title if applicable. (NOT	E: Registered	Agent signature requir	ed when rei	nstating)	DATE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tax filing requirement and elects to do so. After MAY 1, 2000			000 Fee w	ee will be \$550.00 Trust Fund C							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.	OFFICERS AND	D DIRECTORS	12.		ADI	DITIONS/CHANGES TO OFFICE	RS AND I	DIRECTORS	3 IN 11		
TITLE NAME SITRET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	Giller, Ira D. 975 Arthur Godfrey RD	☐ Delete	NAME STREET	1				□ Change	☐ Addition		
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	D GILLER, NORMAN M. 975 ARTHUR GODFREY RD.	☐ Delete	NAME STREE					Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	ST GILLER, HONEY 975 ARTHUR GODFREY RD.	☐ Delete	name Stree					Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	THE DESCRIPTION OF THE PERSON	☐ Delete	name Stree					Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREE	T ADDRESS .				☐ Change	Addition		
13. I hereby certify that the information supply a 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 sport is a use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director	TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information support wi		NAME STREE CITY-:	ST-ZIP	Section	119.07(3)(i), Florida Statutes. I fu					

d to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered. of the corporation or the receiver changed, or on an attachment

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR