

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90225 018 ***150.00

DOCUMENT # K20543

1. Entity Name
YALE L. GALANTER, P.A.

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| Principal Place of Business 2800 BISCAYNE BLVD CREDIT BANK TOWER, 9TH FLOOR MIAMI FL 33137 | Mailing Address 2800 BISCAYNE BLVD CREDIT BANK TOWER, 9TH FLOOR MIAMI FL 33137 |
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DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business SYS 50. ANDREWS AVE | 3. Mailing Address SYS 50 ANDREWS AVE |
| Suite, Apt. #, etc. 1 | Suite, Apt. #, etc. |

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|------------------------------------|------------------------------------|------------------------------------|--|
| City & State FT LAUD, FL | City & State FT LAUD, FL | 4. FEI Number 65-0050153 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|------------------------------------|------------------------------------|--|

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|---------------------|------------------------|---------------------|------------------------|--|
| Zip 33301 | Country BRWD | Zip 33301 | Country BRWD | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GALANTER, YALE L. 2800 BISCAYNE BLVD. NINTH FLOOR MIAMI FL 33131 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SYS 50. ANDREWS AVE City FT LAUD FL Zip Code 33301 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D GALANTER, YALE L. 2800 BISCAYNE BLVD MIAMI FL | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *[Signature]* DATE: 2/8/01 Daytime Phone #: (305) 576-0244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)