

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001982

1. Entity Name

Pre-Foreclosure Solutions

00 MAY 24 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2300 Collins Ave.
Miami FL. 33116-5836
USA

Mailing Address

P.O. Box 5836
Miami FL. 33116-5836
USA

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0912354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Spiegel & Utera P.A.
343 Almeria Avenue
Coral Gables, FL. 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9.

MANAGING MEMBERS/MEMBERS

TITLE
NAME

MGRM Charles Galan

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

8660 sw 212 Street Apt 201
Miami FL. 33189

TITLE
NAME

MGR
Roberto Galan

☒ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Charles Galan Charles Galan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/22/00

Date

(305) 804-4450

Daytime Phone #

CR2E083 (11/99)