

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M53425**

1. Entity Name
PALS & GALS, INC.

Principal Place of Business
**2616 GRIFFIN ROAD
FORT LAUDERDALE FL 33312**

Mailing Address
**2616 GRIFFIN ROAD
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address
2616 GRIFFIN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 102

City & State

City & State

FORT LAUDERDALE

Zip

Country

Zip

Country

33312

BROWARD

6. Name and Address of Current Registered Agent

**SMALLS, PATRICIA ANN
2275 S.W. 44TH STREET
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name
PATRICK A. SMILEY

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

2275 S.W. 44TH STREET

FORT LAUDERDALE, FL 33312

City

FORT LAUDERDALE,

FL

Zip Code

33312

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 **PATRICK A. SMILEY**

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

(NOTE: Registered Agent 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
SMILEY, PATRICK A
2275 S.W. 44TH STREET
FORT LAUDERDALE FL 33312** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SMALLS, PATRICIA ANN
2275 S.W. 44TH STREET
FORT LAUDERDALE FL 33312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SEP 14 2001
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09:14:2001 90003 044 550.00
01 OCT 22 AM 11:31



DO NOT WRITE IN THIS SPACE
65-0831669

4. FEI Number **APPLIED FOR** ☐ Applied For ☐ Not Applicable

5. Certificate of Statute Desired ☐ \$8.75 Additional Fee Required

CR2034 (5/01)