

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90164 005 ***150.00

0318196 AV

DOCUMENT # M53425

1. Entity Name

PALS & GALS, INC.

Principal Place of Business

**2616 GRIFFIN ROAD., SUITE 102
FORT LAUDERDALE FL 33312**

Mailing Address

**2616 GRIFFIN ROAD., SUITE 102
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

4141 NORTH MIAMI AVENUE

3. Mailing Address

4141 NORTH MIAMI AVENUE

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102City & State
MIAMI FLCity & State
MIAMI FLZip
33127Country
USAZip
33127Country
USA

4. FEI Number

65-0831669

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****SMILEY, PATRICK A****2616 GRIFFIN ROAD., SUITE 102
FORT LAUDERDALE FL 33312****7. Name and Address of New Registered Agent**Name **SMILEY, PATRICK A**Street Address (P.O. Box Number is Not Acceptable)
4501 SW 25TH TERRACECity **DANIA BEACH,****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

Signature, typed or printed name of registered agent and title 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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PST	SMILEY, PATRICK A	2275 S.W. 44TH STREET	FORT LAUDERDALE FL 33312	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PST	SMILEY, PATRICK A	4501 S.W. 25TH TERRACE	DANIA BEACH, FL 33312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/30/01 (305) 607-805
Date Daytime Phone #

CP2E034 (9/01)