

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90012 023 ****61.25

DOCUMENT # N94000002417

1. Entity Name

GALLOWAY PROFESSIONAL PARK CONDOMINIUM ASSOCIATI

Principal Place of Business

Mailing Address

9500 S. DADELAND BLVD
 SUITE 702
 MIAMI FL 33156
 US

9500 S. DADELAND BLVD
 SUITE 702
 MIAMI FL 33156-2849
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9095 SW 87 AVENUE

9095 SW 87 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 777

SUITE # 777

City & State

City & State

MIAMI FLORIDA

MIAMI FLORIDA

Zip

Country

Zip

Country

33176

US

33176

US

4. FEI Number

65-0586152

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHERIDAN, DREW
 7765 SW. 87 AVE STE 102
 MIAMI FL 33173

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERIDAN, DREW	
STREET ADDRESS	7765 SW. 87 AVE STE 102	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOWENHAUPT, KENNETH	
STREET ADDRESS	7765 SW. 87 AVE STE 201	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MANZO, RINO	
STREET ADDRESS	7775 S.W. 87 AVE., STE 112	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, ERIC	
STREET ADDRESS	7775 SW. 87 AVE STE 100	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	OROVITZ, ROBERT	
STREET ADDRESS	7765 SW. 87 AVE STE 101	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *(Signature)*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/7/00 Daytime Phone #: 305 596 3368

CR2E037 (9/99)