

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90991 008 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000002417
1. Entity Name
 GALLOWAY PROFESSIONAL PARK CONDOMINIUM ASSOCIATION

Principal Place of Business
 9095 SW 87 AVENUE
 SUITE 777
 MIAMI FL 33156
 US

Mailing Address
 9095 SW 87 AVENUE
 SUITE 777
 MIAMI FL 33156
 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip 33176 Country

City & State
 Zip 33176 Country

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

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 \$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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	SANTIAGO, RAMON A., JR.	7765 SW 87 AVE STE 207	MIAMI FL 33173	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	TOLEDO, GILBERT	7765 SW 87 AVE STE 109	MIAMI FL 33173	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	WESTON, KENNETH A.	7765 SW 87 AVE STE 100	MIAMI FL 33173	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
PD	BETANCOURT, RAMIRO A.	7765 SW 87 AVE STE 200	MIAMI FL 33173	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: Drew Sheridan **4/25/01** **305 596 3368**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)