

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90758 042 ****61.25

DOCUMENT # N94600002417

1. Entity Name

GALLOWAY PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9095 SW 87 AVENUE
 SUITE 777
 MIAMI FL 33176
 US

9095 SW 87 AVENUE
 SUITE 777
 MIAMI FL 33176
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SHERIDAN, DREW	7765 SW. 87 AVE STE 102	MIAMI FL 33173	<input type="checkbox"/>
VPD	SANTIAGO, RAMON A JR	7765 SW 87 AVE STE 207	MIAMI FL 33173	<input type="checkbox"/>
SD	TOLEDO, GILBERT	7765 SW 87 AVE STE 109	MIAMI FL 33173	<input type="checkbox"/>
TD	WESTON, KENNETH A	7775 SW. 87 AVE STE 100	MIAMI FL 33173	<input type="checkbox"/>
PD	BETANCOURT, RAMIRO A	7765 SW 87 AVE STE 200	MIAMI FL 33173	<input type="checkbox"/>
				<input type="checkbox"/>

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

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

Director

3/27/02

305-270-0870

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CRPFR07 (9/01)



DO NOT WRITE IN THIS SPACE