

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90082 026 \*\*\*150.00

**DOCUMENT # P00000051473**

1. Entity Name

**GALLERIE ALENE FLYNN, INC.**

Principal Place of Business

Mailing Address

~~10404 S.W. 76TH STREET~~  
~~MIAMI FL 33173~~

~~10404 S.W. 76TH STREET~~  
~~MIAMI FL 33173~~

2. Principal Place of Business

**745 S.W. 35 AVENUE # 204**

Suite, Apt. #, etc.

3. Mailing Address

**745 S.W. 35 AVENUE # 204**

Suite, Apt. #, etc.

City & State

**MIAMI - FL**

City & State

**MIAMI - FL**

4. FEI Number

**65-1010570**

Applied For

Not Applicable

Zip

**33135**

Country

**MIAMI - DADE**

Zip

**33135**

Country

**MIAMI - DADE**

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

**IBARRA, ROBERTO E.A.**  
~~10404 S.W. 76TH STREET~~  
~~MIAMI FL 33173~~

Name

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

**745 S.W. 35 AVENUE # 204**

City

**MIAMI**

**FL**

Zip Code

**33135**

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, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	IBARRA, ROBERTO EA	
STREET ADDRESS	10404 S.W. 76TH STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	745 S.W. 35 AVENUE # 204	
CITY-ST-ZIP	MIAMI - FL 33135	
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		
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		
CITY-ST-ZIP		

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:

*Roberto Ibarra*  
 ROBERTO IBARRA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/01**  
 Date

**305-443-5114**  
 Daytime Phone #

CR2E034 (10/00)