

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

05-14-2001 90038 011 ***150.00

DOCUMENT # P00000103135

1. Entity Name

GALLIMORE'S MARRIAGE & FAMILY COUSELY, INC.

Principal Place of Business

11998 NW 13TH STREET
 PEMBROKE PINES FL 33026

Mailing Address

11998 NW 13TH STREET
 PEMBROKE PINES FL 33026

2. Principal Place of Business

8585 Sunset Dr.

Suite, Apt. #, etc.
 Suite 60

City & State

Miami, FL 33143

Zip
 33143

Country
 USA

3. Mailing Address

11998 NW 13th St.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

Zip
 33026

Country
 USA

4. FEI Number

EIN 65-1125368

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

GALLIMORE, SONIA

11998 NW 13TH STREET

PEMBROKE PINES FL 33026

Name

N/A

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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)

8/6/01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 86 Self. Therapist
 Sonia Gallimore
 8585 Sunset Dr.
 Miami, FL 33143

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 N/A

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)