

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061989

1. Entity Name

GALLEGO, PINEDA AND ASSOCIATES CORP.

FILED
Aug 04, 2002 8:00 am
Secretary of State

07-17-2002 90131 007 ***555.00

Principal Place of Business

1351 NE 91ST STREET STE E-116
NORTH MIAMI BEACH FL 33179

Mailing Address

1351 NE 91ST STREET STE E-116
NORTH MIAMI BEACH FL 33179

40575



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1351 NE 91ST

Suite, Apt. #, etc.

E116

City & State

N. M. B. Florida

Zip

33179

Country

USA

3. Mailing Address

1351 NE 91ST

Suite, Apt. #, etc.

E116

City & State

N. M. B. Florida

Zip

33179

Country

USA

4. FEI Number

65-1111359

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LABRADA, FRANK C

WATERFORD BUSINESS CENTER

5201 BLUE LAGOON DRIVE 8TH FLOOR

MIAMI FL 33126

7. Name and Address of New Registered Agent

Name THOMAS GALLEGO

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

1351 NE 91ST E116

NORTH MIAMI BEACH

City FLORIDA

FL

Zip Code

33179

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-2002

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 13, 2002 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	P	Delete
NAME	PINEDA, CARLOS	
STREET ADDRESS	1351 NE 91ST STREET STE E-116	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	V	Delete
NAME	GALLEGO, TOMAS	
STREET ADDRESS	1351 NE 91ST STREET STE E-116	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	Change	Addition
NAME	RODRIGUEZ CARMON		
STREET ADDRESS	1351 NE 91ST E116		
CITY-ST-ZIP	N. M. B. FL 33179		
TITLE	P	Change	Addition
NAME	GALLEGO TOMAS		
STREET ADDRESS	1351 NE 91ST E116		
CITY-ST-ZIP	N. M. B. FL 33179		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	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:

[Signature]

7-7-02

305 9401912

Date

Daytime Phone #

CR2E034 (4/02)