

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Amended*

DOCUMENT # *P01000092365*

FILED

1. Entity Name

*Gallery On Wheels, Inc.*

02 MAY 31 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*2606 W. Grand Reserve Cir*

3. Mailing Address

*2606 W. Grand Reserve Cir*

Suite, Apt. #, etc.

*# 136*

Suite, Apt. #, etc.

*# 136*

City & State

*Clearwater FL*

City & State

*Clearwater FL*

Zip

*33759*

Country

*US*

Zip

*33759*

Country

*US*

DO NOT WRITE IN THIS SPACE

4. FEI Number

*593745244*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Moshe Miller*

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

*2606 W Grand Reserve Cir #136*

City

*Clearwater*

FL

Zip Code

*33759*

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

*Moshe Miller*

*Moshe Miller, President*

*5/22/02*

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)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
*President  
Moshe Miller  
2606 W. Grand Reserve Cir #136  
Clearwater FL 33759*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*600005763936--5  
-06/12/02--01077--025 1  
\*\*\*\*\*70.00 \*\*\*\*\*70.00*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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; 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Moshe Miller*

*Moshe Miller  
President*

Date

*7/22/02*

Daytime Phone #

*727-712-9009*

CR2E034B (12/01)