

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024590

1. Entity Name

MORGAN & GIBSON CORPORATION

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90007 022 ***150.00

Principal Place of Business

345 HARBOR LANE
KEY BISCAVNE FL 33149

Mailing Address

345 HARBOR LANE
KEY BISCAVNE FL 33149-1711
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

65-0410001

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

SALA, A. ROSEMARY PA
328 CRANDON BLVD., SUITE 202
KEY BISCAVNE FL 33149

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

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	JUARA, ELISA	
STREET ADDRESS	345 HARBOR LANE	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.P. MARIA T. TORANO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	345 HARBOR LANE	
STREET ADDRESS	KEY BISCAVNE, FL. 33149	
CITY-ST-ZIP		
TITLE	V.P. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAUL TORANO	
STREET ADDRESS	345 HARBOR LANE	
CITY-ST-ZIP	KEY BISCAVNE, FL. 33149	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL TORANO

Date

Daytime Phone #

CR2034 (9/99)