

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000094098

1. Entity Name
GREGAB, INC.

FILED

00 APR 26 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6494 S. Tamiami Trail
Sarasota, FL. 34231

2. Principal Place of Business 3. Mailing Address
8341 Eagle Lake Drive 8342 Eagle Lake Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sarasota, Florida Sarasota, Florida
Zip Country Zip Country
34241 Sarasota 34241 Sarasota

4. FEI Number Applied For
65-0551718 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Sandy Levitt
2201 Ringling Blvd.
Suite 203
Sarasota, FL. 34237

7. Name and Address of New Registered Agent
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 Pedro Galan 04/21/00
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)
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Pedro Galan		NAME		
STREET ADDRESS	8341 Eagle Lake Drive		STREET ADDRESS		
CITY - ST - ZIP	Sarasota, FL. 34241		CITY - ST - ZIP		
TITLE	Director	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Maria Galan		NAME		
STREET ADDRESS	8341 Eagle Lake Drive		STREET ADDRESS		
CITY - ST - ZIP	Sarasota, FL. 34241		CITY - ST - ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	George Garcia		NAME		
STREET ADDRESS	4970 Heron Road		STREET ADDRESS		
CITY - ST - ZIP	Venice, FL. 34293		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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)(j), 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: Pedro Galan 04/21/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 25034 (9/99)