

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000042437**1. Entity Name
ADAMS, GALLINAR & IGLESIAS, P.A.

Principal Place of Business 1200 BRICKELL AVENUE SUITE 900 MIAMI 33131 FL	Mailing Address 1200 BRICKELL AVENUE SUITE 900 MIAMI 33131 FL
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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

65-0671398

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 AgentAGIM REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
RRA
MIAMI
33131
US

FL

7. Name and Address of New Registered Agent

Name

AGI REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)
1200 BRICKELL AVENUE, SUITE 900City
MIAMI

FL

Zip Code
33131

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 **ROBERT R. ADAMS, PRESIDENT****05/01/2001**

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, 2001 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	PTSD	☐ Delete
NAME	IGLESIAS MARIO A	
STREET ADDRESS	1200 BRICKELL AVENUE, STE. 900	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	PTSD	☐ Delete
NAME	GALLINAR MICHAEL D	
STREET ADDRESS	1200 BRICKELL AVENUE, STE. 900	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	PTSD	☐ Delete
NAME	ADAMS ROBERT R	
STREET ADDRESS	1200 BRICKELL AVENUE, STE. 900	
CITY-ST-ZIP	MIAMI FL 33131	

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

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

TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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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: ROBERT R. ADAMS

PTSD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)