2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90082 001 ***600.00

DOCUMENT # P96000042437

1. Entity Name

ADAMS, Gallinar & IGIESIAS, P.A.

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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1200 Brickell Ave	
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.:
City & State: Miami, Florida	City & State:
Zip: 33131 / Country: U.S.A	Zip: / Country:

4. FEI Numbe: 65-0671398 ☐ 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

Name: AGI Registered Agents, Inc
Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Ave. Suite 900
City: 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: [signature] President DATE: 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	Adams, Robert R.	
STREET ADDRESS	1200 Brickell Ave., Suite 900	
CITY-ST-ZIP	Miami, Fl. 33131	
TITLE	PTSD	☐ Delete
NAME	Gallinar, Michael D.	
STREET ADDRESS	1200 Brickell Ave., Suite 900	
CITY-ST-ZIP	Miami, Fl. 33131	
TITLE	PTSD	☐ Delete
NAME	Iglesias Mario A.	
STREET ADDRESS	1200 Brickell Ave., Suite 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		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that [illegible] indicated on this report [illegible] of the corporation [illegible] changed [illegible] with all other like [illegible]

SIGNATURE: X [signature] 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR