

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081063

1. Entity Name

GALLERY CENTER INVESTORS CORP.

Principal Place of Business

7777 GLADES ROAD
SUITE 310
BOCA RATON FL 33434

Mailing Address

7777 GLADES ROAD
SUITE 310
BOCA RATON FL 33434-4150

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

65-0697568

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

SCHMIER, ROBERT J
7777 GLADES ROAD, SUITE 310
BOCA RATON FL 33434

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WEINSTEIN, NORMAN S	
STREET ADDRESS	210 KNICKERBOCKER ROAD	
CITY-ST-ZIP	CRESSKILL NJ 07626	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHMIER, ROBERT J	
STREET ADDRESS	7777 GLADES ROAD, STE 310	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VSDC	<input type="checkbox"/> Delete
NAME	FEURRING, DOUGLAS R	
STREET ADDRESS	7777 GLADES ROAD, STE 310	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOPEZ, KATHRYN A	
STREET ADDRESS	7777 GLADES ROAD, SUITE 310	
CITY-ST-ZIP	BOCA RATON FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

02/21/00

Date

561-483-8400

Daytime Phone #

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90028 019 ***158.75

00067006



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)