

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

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



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0697568

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 Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000344013
04/29/05-80119-021 158 75

10. OFFICERS AND DIRECTORS

TITLE D
NAME WEINSTEIN, NORMAN S
STREET ADDRESS 210 KNICKERBOCKER ROAD
CITY - ST - ZIP CRESSKILL, NJ 07626

TITLE PD
NAME SCHMIER, ROBERT J
STREET ADDRESS 7777 GLADES ROAD, STE 310
CITY - ST - ZIP BOCA RATON, FL

TITLE VSDC
NAME FEURRING, DOUGLAS R
STREET ADDRESS 7777 GLADES ROAD, STE 310
CITY - ST - ZIP BOCA RATON, FL

TITLE T
NAME LOPEZ, KATHRYN A
STREET ADDRESS 7777 GLADES ROAD, SUITE 310
CITY - ST - ZIP BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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

Robert J. Schmier, Pres.

April 28, 2005 561-483-8400

Date

Daytime Phone #