

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State
06-13-2000 90006 035 ***558.75

DOCUMENT # P97000006801

1. Entity Name
GALLERY OF TREASURES, INC.

Principal Place of Business

Mailing Address

150 BRIDGE ROAD
TEQUESTA FL 33469
US

150 BRIDGE ROAD
TEQUESTA FL 33477-4302
US

00063951

2. Principal Place of Business

3. Mailing Address

14050 US Hwy 1

14050 US Hwy 1

(Suite) Apt. #, etc.

(Suite) Apt. #, etc.

E

E

City & State

City & State

Juno Beach FL

Juno Beach FL

Zip
33408

Country
US

Zip
33408

Country
US

4. FEI Number

65-0720494

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

VISCOUNT, MICHAEL
1000 N US 1 #651
JUPITER FL 33477

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 ☐ Delete
NAME P
STREET ADDRESS MICHAEL VISCOUNT JR
CITY-ST-ZIP 1000 N US 1 #651
JUPITER FL 33477

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS RICARDO IBANEZ
CITY-ST-ZIP 1000 N US 1 #651
JUPITER FL 33477

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICARDO IBANEZ

6/7/00 561 624 4700

Date

Daytime Phone #