

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90155 046 ***150.00

DOCUMENT # P97000109205

1. Entity Name
 SUSAN GALE, P.A.

*Change 201 S. Biscayne E
 Suite # 850*

Principal Place of Business
 200 S. Biscayne Blvd.
 20th Floor
 Miami, FL 33131

Mailing Address
 200 S. Biscayne Blvd.
 20th Floor
 Miami, FL 33131

*201 S. Biscayne BLVD
 Suite # 850
 MIAMI, FL 33131*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 201 S. Biscayne Blvd.

3. Mailing Address
 201 S. Biscayne Blvd.

Suite, Apt. #, etc.
 Suite 850

Suite, Apt. #, etc.
 Suite 850

City & State
 Miami, FL

City & State
 Miami, FL

4. FEI Number
 65-0801761

Applied For
 Not Applicable

Zip
 33131

Country

Zip
 33131

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION
 200 South Biscayne Boulevard
 20th Floor
 Miami, FL 33131

7. Name and Address of New Registered Agent

Name
 (address change only)
 Street Address (P.O. Box Number is Not Acceptable)
 201 South Biscayne Boulevard
 Suite 850
 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 *Rossz Fi Corporation*
By Jan Carson Cheezem, President 4/9/01
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	Susan Gale	c/o 200 S Biscayne Blvd, 20th Floor	Miami, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		201 S. Biscayne Blvd., Suite 850	Miami, FL 33131	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Gale*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. 4-13-01
 Date Daytime Phone