## 2001 UNIFORM BUSINESS REPORT (ÜBR)

SIGNATURE:

## Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P98000036505 1. Entity Name THE GALLERY GROUP, INC. 02-28-2001 90028 035 \*\*\*150.00 Principal Place of Business Mailing Address 1016 E. LAS OLAS BLVD. 1016 E. LAS OLAS BLVD. FT LAUDERDALE FL 33301 FT LAUDERDALE FL 3330! Principal Place of Business 3. Mailing Address 914 E. Las Olas Blud DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0837126 Ruderdale Not Applicable \$8.75 Additional 5. Certificate of Status Desired L517 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D .-- Change TITLE ☐ Delete TITLE LISA LEVIN ARUTA, LISA NAME 914 E. Las Olas Blud STREET ADDRESS STREET ADDRESS 1016 E. LAS OLAS BLVD. Ft Landerdale Pr 33301 CITY-ST-ZIP CITY - ST - ZIP FT LAUDERDALE FL 33301 ☐ Change Addition ☐ Delete TITLE TITLE DRODER, JUDY NAME 914 E Las Olas Blod STREET ADDRESS 1016 E. LAS OLAS BLVD. STREET ADDRESS CITY-ST-ZIP Ft Landerdalo 12 CITY-ST-ZIP FT LAUDERDALE FL 33301 Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED