## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE!

## May 24, 2002 8:00 am § Secretary of State P99000001384 DOCUMENT # 1. Entity Name PEDRO M. GALLINAR & ASSOCIATES, P.A. 05-24-2002 91305 023 \*\*\*150.00 Principal Place of Business Mailing Address 6701 SUNSET DRIVE #100 6701 SUNSET DRIVE #100 MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0885080 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GALLINAR, PEDRO M JR. Street Address (P.O. Box Number is Not Acceptable) 6701 SUNSET DRIVE #100 **MIAMI FL 33143** Zip Code City 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. SIGNA TURE Signature, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See critéria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete GALLINAR, PEDRO M JR. NAME NAME 6701 SUNSET DRIVE #100 STREET ADDRESS STREET ADDRESS MIAMI FL 33143 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE MARIE GALLINAR 6701 SUNSET DOINE # 100 GALLINAR, PEDRO M SR. NAME NAME 1460 W. 68TH STREET STREET ADDRESS STREET ADDRESS MiANI, FL. 33143 HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition 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 of 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 another like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**