

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012414

i. Entity Name

ANDREA SHAYE MARGALLI, ATTORNEY AT LAW, P.A.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90012 044 ***150.00

Principal Place of Business WHITEHEAD STREET WEST FL 33040	Mailing Address 1118 WHITEHEAD STREET KEY WEST FL 33040-3441
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00033857



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 524 EATON STREET Suite, Apt. #, etc. STE. 130 City & State KEY WEST, FL Zip 33040 Country USA		3. Mailing Address 524 EATON STREET Suite, Apt. #, etc. STE. 130 City & State KEY WEST, FL Zip 33040 Country USA		4. FEI Number 65-0903952 Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent MARGALLI, ANDREA SHAYE 1118 WHITEHEAD STREET KEY WEST FL 33040		7. Name and Address of New Registered Agent Name ANDREA SHAYE MARGALLI Street Address (P.O. Box Number is Not Acceptable) 524 EATON STREET, STE. 130 City KEY WEST FL Zip Code 33040		

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: Andrea Shaye Margalli, PRESIDENT DATE: 4/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 line empowered.

SIGNATURE: Andrea Shaye Margalli DATE: 4/10/00 (305) 295-9382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)