

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90078 017 ***150.00

DOCUMENT # P99000012414

1. Entity Name

THE MARGALLI LAW OFFICE, P.A.

Principal Place of Business

**524 EATON STREET
 STE 110
 KEY WEST FL 33040**

Mailing Address

**524 EATON STREET
 STE 110
 KEY WEST FL 33040**

2. Principal Place of Business

621 EATON STREET
 Suite, Apt. #, etc.

3. Mailing Address

621 EATON STREET
 Suite, Apt. #, etc.

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

65-0903952

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33040

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MARGALLI, ANDREA SHAYE
 EATON STREET PROFESSIONAL CENTER
 524 EATON STREET, STE 110
 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)

621 EATON STREET

City **KEY WEST**

FL

Zip **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

(NOTE: Registered Agent signature required when reinstating)

1/17/02

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, 2002 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	PT	<input type="checkbox"/> Delete
NAME	MARGALLI, ANDREA S	
STREET ADDRESS	524 EATON STREET, STE 110	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MARGALLI, JULIO F	
STREET ADDRESS	524 EATON STREET, STE 110	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREA SHAYE MARGALLI	
STREET ADDRESS	621 EATON STREET	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	VPS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIO F. MARGALLI	
STREET ADDRESS	621 EATON STREET	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02

CR2E034 (9/01)