

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91233 017 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000018273

1. Entity Name
LOUIS J. GALLO, P.A.

Principal Place of Business
2555 COLLINS AVE. UNIT 904
MIAMI BEACH FL 33140

Mailing Address
2555 COLLINS AVE. UNIT 904
MIAMI BEACH FL 33140

2. Principal Place of Business
2555 Collins Ave

3. Mailing Address
2555 Collins Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 806

Suite 806

City & State
Miami Beach, Florida

City & State
Miami Beach, Fla. 33140

4. FEI Number
65-0903929

Applied For
☒ Not Applicable

Zip
33140

Country
USA

Zip
33140

Country
USA

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

6. Name and Address of Current Registered Agent

GALLO, LOUIS J
2555 COLLINS AVE, UNIT 904
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
Louis J. Gallo

Street Address (P.O. Box Number is Not Acceptable)
2555 Collins Ave., Suite 806

Suite 806

City
Miami Beach

FL Zip Code
33140

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 _____ DATE _____
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, 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 **D** ☐ Delete
NAME **GALLO, LOUIS J**
STREET ADDRESS **2555 COLLINS AVE, UNIT 904**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Director ☒ Change ☐ Addition
NAME **Louis J. Gallo**
STREET ADDRESS **2555 Collins Ave., Suite 806**
CITY-ST-ZIP **Miami Beach, Fla. 33140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Louis J. Gallo **LOUIS J. Gallo** April 29, 2002 305-358-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)