## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # **P99000047656**

Principal Place of Business

SIGNATURE:

GAM FLORIDA ESTATES, INC.

601 BRICKELL KEY DRIVE SUITE 805 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131-2649 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Applied for Not Applicable Zip Zip Country \$8.75 Additional 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 **ALLEN & GALEGO** Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITI F **Humberto Mata** Delete 601 Brickell Key Drive, Suite 805 NAME Miami, FL 33131 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Alexandra Mata ☐ Delete TITLE 601 Brickell Key Drive, Suite 805 NAME NAME Miami, FL 33131 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE Alien Robert N JR TITLE 601 Brickell Key Drive, Suite 805 NAME NAME Miami, FL 33131 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITI F ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete 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.

Robert N. Allen. Jr.

April 27, 2000

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Date

Daytime Phone #

OF SIGNING OFFICER OR DIRECTOR

## FILED

05-04-2000 90139 050 \*\*\*150.00

May 04, 2000 8:00 am Secretary of State