

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059736

1. Entity Name

GALLERIE ANTOINETTE, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90127 001 ***150.00

Principal Place of Business

Mailing Address

1390 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

1390 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131-3322

2. Principal Place of Business

225 ARVIDA PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES FL.

City & State

4. FEI Number

65-0936367

Applied For

Not Applied

Zip

33156-2314

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVARO, CASTILLO B
1390 BRICKELL AVENUE
SUITE 200
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

D

HOLTZ, DANIEL

225 ARVIDA PARKWAY

CORAL GABLES FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

1/26/00 (305) 665-0024