## **FILED** ಸಾಧಿಕ್ಕೆ Uniform Business Report (UBR) Feb 14, 2000 8:00 am Secretary of State CUMENT # **P99000060103** ÎBFRTA GALLAGHER, P.A. 02-14-2000 90018 017 \*\*\*150.00 Tipal Place of Business Mailing Address S. DIXIE HWY 1172 S. DIXIE HWY []][]]]]]]]]] MIAMI FL 33146-2918 FL 33146-2918 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0933156 Not Applicable 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 ZIMMERMAN, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 13320 S.W. 128TH ST. **MIAMI FL 33186** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete ☐ Change Addition GALLAGHER, ROBERTA STREET ADDRESS EFT ADDRESS 1172 S. DIXIE HWY CITY-ST-ZIP -ST-ZIP MIAMI FL 33146-2918 Defete Addition TITLE NAME STREET ADDRESS ET ADDRESS -ST-ZIP -CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete DIDE NAME STREET ADDRESS ET ADDRESS CITY-ST-ZIP -ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME ET ADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition NAME ET ADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete ΙĘ EET ADDRESS STREET ADDRESS -ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 appress, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DESIGNATURE

2/4/00

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