

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90017 049 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000092170

1. Entity Name

MARINA GALLO P.A.

Principal Place of Business

Mailing Address

**5707 MELALEUCA DRIVE
TAMARAC FL 33319**

**5707 MELALEUCA DRIVE
TAMARAC FL 33319-6116**

2. Principal Place of Business

3. Mailing Address

8320 W. SUNRISE Blvd.

5707 MELALEUCA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

TAMARAC

City & State

City & State

Plantation FL

FL

Zip

Country

Zip

Country

33322

U.S.A.

33319-

U.S.A.

4. FEI Number

Applied For

65-0955302

Not Applicable

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

Name

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

City

FL

Zip Code

**GALLO, MARINA
5707 MELALEUCA DRIVE
TAMARAC FL 33319**

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 ☐ Delete
NAME **DPTS**
STREET ADDRESS **GALLO, MARINA**
CITY-ST-ZIP **5707 MELALEUCA DRIVE**
TAMARAC FL 33319

TITLE ☐ Change ☒ Addition
NAME **JOSE I GALLO**
STREET ADDRESS **5707 MELALEUCA DR**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Delete
NAME **JOSE I GALLO**
STREET ADDRESS **5707 MELALEUCA DR**
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE ☐ Change ☐ Addition
NAME **DIANA GALLO**
STREET ADDRESS **5707 MELALEUCA DR**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00

954 731-6884

CR2E034 (9/99)