

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092170

1. Entity Name

MARINA GALLO P.A.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90023 043 ***150.00

Principal Place of Business
8320 W. SUNRISE BLVD
#100
FORT LAUDERDALE FL 33322

Mailing Address
5707 MELALEUCA DRIVE
TAMARAC FL 33319

LUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5707 MELALEUCA DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
TAMARAC FL
Zip
33319
Country
U.S.A.

City & State
Zip
Country

4. FEI Number 65-0955302
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GALLO, MARINA
5707 MELALEUCA DRIVE
TAMARAC FL 33319

7. Name and Address of New Registered Agent
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

Lu Gallo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-07-01

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, 2001 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	DPTG P	<input type="checkbox"/> Delete
NAME	GALLO, MARINA	
STREET ADDRESS	5707 MELALEUCA DRIVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	S DIANA	<input type="checkbox"/> Delete
NAME	GALLO, DIANNA I	
STREET ADDRESS	5707 MELALEUCA DR MELALEUCA DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	V	<input type="checkbox"/> Delete
NAME	GALLO, JOSE I	
STREET ADDRESS	5707 MELALEUCA DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	T Ocampo Marsha.	<input type="checkbox"/> Delete
NAME	5707 MELALEUCA DR	
STREET ADDRESS	TAMARAC FL 33319	
CITY-ST-ZIP		
TITLE	M Hernan Gallo	<input type="checkbox"/> Delete
NAME	5707 MELALEUCA DR	
STREET ADDRESS	TAMARAC, FL 33319	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lu Gallo MARINA GALLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-01

Date

Daytime Phone #

(954) 731-6884

CR2E034 (10/00)