

2000 UNIFORM BUSINESS REPORT (UBR)

6/9/00-

FILED
Jul 07, 2000 8:00 am
Secretary of State

06-09-2000 90218 025 ***150.00

DOCUMENT # P99000095325

Entity Name
G.A.L. TITLE SERVICES, INC.

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| | |
|---|--|
| Principal Place of Business BRICKELL KEY DRIVE STE 400 FL 33131 | Mailing Address 501 BRICKELL KEY DRIVE STE 400 MIAMI FL 33131-2624 |
|---|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|-----------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 65-0965307 | Applied For Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEVINSON, GARY A
501 BRICKELL KEY DRIVE STE 400
MIAMI FL 33131

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 _____ (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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEVINSON, GARY A 501 BRICKELL KEY DRIVE STE 400 MIAMI FL 33131 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Gary A. Levinson, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *6/6/00* Daytime Phone #: *(205) 3793471*

CR21034 (9/99)

DOC # P99000095325

307842

LAW OFFICES

LEVINSON & LICHTMAN, LLP
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

COURVOISIER CENTRE
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI, FLORIDA 33131
TELEPHONE (305) 374-3471
FACSIMILE (305) 374-2855

BOCA RATON OFFICE
SANCTUARY CENTRE
4800 NORTH FEDERAL HIGHWAY
SUITE 0-100
BOCA RATON, FLORIDA 33431
TELEPHONE: (561) 447-0017
FACSIMILE: (561) 447-0018
EVENING: (561) 361-4030

GARY A. LEVINSON
MEMBER FLORIDA AND CALIFORNIA BAR

VIA OVERNIGHT MAIL

June 6, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

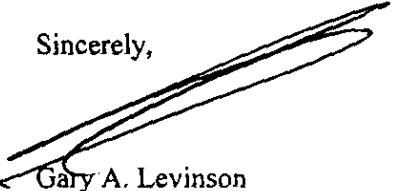
Re: G.A.L. Title Services, Inc.,
Document #P99000095325

Dear Sir or Madam:

In connection with the above-referenced, enclosed please find check number 1015, in the amount of \$150.00, payable to Department of State.

Our office did not receive the first pre-printed Uniform Business Report.

Sincerely,



Gary A. Levinson