

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110212

1. Entity Name

GARCIA, GALPERN AND ASSOCIATES, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90042 006 ***150.00

Principal Place of Business

1035 N.E. 125TH STREET
SUITE 310
NORTH MIAMI FL 33161

Mailing Address

1035 N.E. 125TH STREET
SUITE 310
NORTH MIAMI FL 33161

00028847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1035 N.E. 125 ST.

Suite, Apt. #, etc.

320

3. Mailing Address

1035 N.E. 125 TH ST.

Suite, Apt. #, etc.

320

City & State

NORTH MIAMI, FLA.

Zip

33161

Country

MIAMI-DADE

City & State

NORTH MIAMI, FLA.

Zip

33161

Country

MIAMI DADE

4. FEI Number

65-0971489

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, EDWARD
1035 N.E. 125TH STREET
SUITE 310 320
NORTH MIAMI FL 33161

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

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARCIA, EDWARD
6163 MIAMI LAKES DRIVE E
MIAMI LAKES FL 33014 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GALPERN, JOEL D G
1035 N.E. 125TH STREET SUITE 320
NORTH MIAMI FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GALPERN, JOEL G. ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

JOEL GALPERN, JOEL GALPERN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

305-8938610

Daytime Phone #

CR2E034 (10/00)