

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S02334

1. Entity Name

M. GILL & ASSOCIATES, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90002 031 ***558.75

Principal Place of Business

Mailing Address

~~P.O. BOX 472174~~

P.O. BOX 472174

~~MIAMI FL 33247-2174~~

MIAMI FL 33247-2174

4770 BISCAYNE BLVD.
SUITE 1050, MIAMI FL

2. Principal Place of Business

3. Mailing Address

4770 BISCAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1050

City & State

City & State

MIAMI, FL

Zip

Country

33137

USA

Zip

Country

4. FEI Number

65-0261073

Applied For

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

GILL, MARIE
565 NW 210ST
#102
MIAMI FL 33169

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DPT ☐ Delete
NAME GILL, MARIE
STREET ADDRESS 565 NW 210 ST #102
CITY-ST-ZIP MIAMI FL 33169

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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) MARIE GILL

7/25/00

805-576-7888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR21:03115/001