

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90246 009 ***150.00

DOCUMENT # V16262

1. Entity Name
MARIO GALLO, INC.

Principal Place of Business Mailing Address
3228 FLAGLER AVENUE **% MARIO GALLO**
KEY WEST FL 33040 **3434 EAGLE AVENUE**
US **KEY WEST FL 33040**

LUUZU03Z



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

3228 Flagler Ave Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Key West FI City & State

4. FEI Number **65-0320903** 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

GALLO, MARIO
3434 EAGLE AVENUE
KEY WEST FL 33040

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLO, MARIO 3434 EAGLE AVENUE KEY WEST FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLO, MARY 3434 EAGLE AVENUE KEY WEST FL	<input type="checkbox"/> Delete
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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: **MARIO GALLO**
SIGNATURE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR

2-9-01 **305296-6563**
 Date Daytime Phone #

CR2E034 (10/00)