

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23554

1. Entity Name

PRIVATE JUDGES, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90045 031 ***150.00

Principal Place of Business

550 BILTMORE WAY
STE 1210
CORAL GABLES FL 33134
US

Mailing Address

550 BILTMORE WAY
STE 1210
CORAL GABLES FL 33134-5721
US

2. Principal Place of Business

1001 Brickell Bay Drive
Suite, Apt. #, etc.
1508

3. Mailing Address

1001 Brickell Bay Drive
Suite, Apt. #, etc.
1508

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number 65-8332311

Applied For
Not Applicable

Zip Country
33131 USA

Zip Country
33131 USA

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

6. Name and Address of Current Registered Agent

SMITH, CAROLYN A
550 BILTMORE WAY
STE 1210
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
John Gale
Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Drive
Suite #1508
City Miami FL Zip Code 33131

8. The above entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE JOHN GALE 3/15/00
(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, 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 P
NAME SMITH, CAROLYN A
STREET ADDRESS 550 BILTMORE WAY STE 1210
CITY-ST-ZIP CORAL GABLES FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME John Gale
STREET ADDRESS 1001 Brickell Bay Drive, Suite 1508
CITY-ST-ZIP Miami, FL 33131 ☒ 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

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: *John Gale* (JOHN GALE)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00 (305) 536-0100
Date Daytime Phone #

CR2E034 19/999