

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90198 044 ***158.75

DOCUMENT # 229516
 Entity Name
GALAXY CO-OP APARTMENTS CORPORATION, INC.

719926



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		Mailing Address	
852 COLLINS AVE APT. A-1 MIAMI BEACH FL 33139-5818		852 COLLINS AVE APT. A-1 MIAMI BEACH FL 33139-5818 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number - 59-6065007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAXER, HOWARD I. D
852 COLLINS AVE.
A-1
MIAMI BEACH FL 33139

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete SAXER, HOWARD I. D 852 COLLINS AVENUE, A-1 MIAMI BEACH FL	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete DOMINGUEZ, ANDREW 852 COLLINS AVENUE C-4 MIAMI BEACH FL 33139	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete COHEN, ANN 852 COLLINS AVE., #B-1 MIAMI BEACH FL	TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	ACTING STD
TITLE D	<input type="checkbox"/> Delete BLANK, MARK 852 COLLINS AVENUE C-1 MIAMI BEACH FL 33139	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete RUTMAN, RITA 852 COLLINS AVENUE, A-2 MIAMI BEACH FL 33139	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete RAINS, EDITH 852 COLLINS AVENUE C-5 MIAMI BEACH FL 33139	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		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: *Dr. Howard I. Saxer* **DR. HOWARD I. SAXER PRES.** 4-20-00 365-531-5234
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #