

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008559 AF

**DOCUMENT # A96000001299**

1. Entity Name  
**GALAXY GRILLE PARTNERSHIP, LTD.**

Principal Place of Business  
**350 SOUTH COUNTY ROAD  
PALM BEACH FL 33480**

Mailing Address  
**350 SOUTH COUNTY ROAD  
PALM BEACH FL 33480**

**FILED**  
**01 MAR -8 AM 11: 26**  
**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0677514</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GILDAN, LAURIE L ESQ. GREENBERG, TRAURIG, HOFFMAN, LIPOFF, ET.AL. 777 S. FLAGLER DRIVE, SUITE 310-EAST WEST PALM BEACH FL 33401</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$5,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P96000057184 GALAXY GRILLE, INC. 350 SOUTH COUNTY ROAD PALM BEACH FL 33480</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	<b>200003831242--5</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	<b>03/12/01--01123--003 ****141.25 ****141.25</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE: MAURIZIO CIMINELLA 5618339909**  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
**03012001**

CR2E003 (11/00)