

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90122 027 ***150.00

UBR001 AI

DOCUMENT # P01000115866

1. Entity Name
GALAY INCORPORATED

Principal Place of Business Mailing Address
9882 ERICA CT. **9882 ERICA CT.**
BOCA RATON FL 33496 **BOCA RATON FL 33496**

000140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Zip Country Country

4. FEI Number Applied For
80-0021245 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ 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, 2002 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	P <input type="checkbox"/> Delete
NAME	STRAUSS, WALTER
STREET ADDRESS	9882 ERICA CT.
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	V <input type="checkbox"/> Delete
NAME	SCHECKOWITZ, BRUCE
STREET ADDRESS	215 E 68TH ST., APT. 30-F
CITY-ST-ZIP	NEW YORK NY 10021
TITLE	T <input type="checkbox"/> Delete
NAME	WEISNER, NEAL
STREET ADDRESS	80 BAY ST. LANDING, APT. 1K
CITY-ST-ZIP	STATEN ISLAND NY 10301
TITLE	S <input type="checkbox"/> Delete
NAME	DARVISHZADEH, RAMIN D
STREET ADDRESS	1 BROOKBRIDGE RD.
CITY-ST-ZIP	GREAT NECK NY 11021
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 REQUIRED** *Walter Strauss* **4/12/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
WALTER STRAUSS *President*

CR2E034 (9/01)