FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90679 049 ***150.00

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DOCUMENT # P02000024974

1. Entity Name: Gallerio Title Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
915 Middle River DR	915 Middle River DR
Suite, Apt. #, etc. 416	Suite, Apt. #, etc. Fort Lauderdale FL
City & State Fort Lauderdale FL	City & State
Zip 33304 Country USA	Zip 33304 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-50052 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David T. Self Esq

Street Address (P.O. Box Number is Not Acceptable):

915 Middle River DR 416

City: Fort Lauderdale FL Zip: 33304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: David Self — 3/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Treasurer, Secretary, Vice President David T. Self 915 Middle River DR Fort Lauderdale FL 33304	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: David Self — 3/11/03 — 954 564-0811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #