

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90056 040 ***150.00

DOCUMENT # P96000086240

1. Entity Name
GALINA CORPORATION

Principal Place of Business
**135 BAMBOO RD
 PALM BEACH SHORES FL 33404
 US**

Mailing Address
**135 BAMBOO RD
 PALM BEACH SHORES FL 33404-5730
 US**

00057011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
135 BAMBOO RD
 Suite, Apt. #, etc.

3. Mailing Address
135 BAMBOO RD
 Suite, Apt. #, etc.

City & State **PALM BEACH SHORES**

City & State **PALM BEACH SHORES**

4. FEI Number **65-0709721**
 Applied For Not Applicable.

Zip **FL** Country **33404**

Zip **33404** Country **PALM BEACH**

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

6. Name and Address of Current Registered Agent
**VYSKREBENTSEVA, ALEKSEY
 135 BAMBOO RD
 PALM BEACH SHORES FL 33404**

7. Name and Address of New Registered Agent
 Name **GALINA VYSKREBENTSEVA**
 Street Address (P.O. Box Number is Not Acceptable)
135 BAMBOO RD
 City **PALM BEACH SHORES** **FL** Zip Code **33404**

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 *[Signature]* DATE **04.25.2000**
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. **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 NAME STREET ADDRESS CITY-ST-ZIP	DVP VYSKREBENTSEVA, ALEKSEY 135 BAMBOO RD PALM BEACH SHORE FL 33404	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GALINA VYSKREBENTSEVA 135 BAMBOO RD PALM BEACH SHORES, FL 33404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE **04.25.2000** (561) 428291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR