2001	V VINIFORM BU	/3 NE3:	DEPU	<u>'n i </u>	(OBI	<u>יי</u>		FILE	D	
DOCUMENT # P99000050379 1. Entity Name							May 11, 2000 8:00 am Secretary of State			
	GALONLINE COM, INC.							Clary (2000 90261 0		
<u> </u>	subpartner-	Inc.		<u> </u>			05-11-	2000 90261 U)41 *****150.	.00
Principal Place of Business Mailing Address										
777 BRICKELL AVE., STE. 980 777 BRICKELL AVE., STE. 980 MIAMI FL 33131 MIAMI FL 33131-2807										
							1 (8.0 (18.0) (10.10) (10.10) (10.10)	ABIRI BERK BARRI BERBA!	######################################	era idir 1801
2. Principal Place of Business 3. Mailing Address										
300 > Suite, Apt. 5te		Suite, A	SAME Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	Gables, FL	City &	State			4.	FEI Number	 199 7		oplied For ot Applicable
ZIP . 7	Country	Zip		Count	ry	5.	Certificate of Status D		\$8.75 Add	ditional
331	6. Name and Address of Cui	rent Registered	Agent			7.	Name and Address o	f New Registered		
					Name					
WELLS, THOMAS O ESQ. 777 BRICKELL AVE., STE. 980						ddress (P.O.	Box Number is Not Acc	ceptable)		
	MI FL 33131		300 50			Sevi	lla Ave.	Ste 21	D I	
				ļ	City	acal.	Cololes	F	L Zin Cod	⁶ 34
8. The above	named entity submits this statement	ent for the purpose	e of changing its	registere	d office or	registered a	agent, or both, in the Sta	ite of Florida.	<u></u>	
	VI	0.2/	1					7.4	-60	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicat	ble. (NO1	E: Registered	Agent signate	re required when	reinstating)	DATE	<u>- ආථ _</u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY 1, 2000 Make Check Payable					will be \$5	50.00	10. Election Camp Trust Fund Co	•		May Be
11.	OFFICERS	AND DIRECTORS		12.			DDITIONS/CHANGES			
TITLE NAME			☐ Delete	TITLE		Thom	dent Secret has of Wells	cery, Direct	by ☐ Change	Addition Addition
STREET ADDRESS				STAES	et address	1301 S	orolla Que	nue		
CITY-ST-ZIP					ST-ZIP		Gables, FL 3 resident, Trew			Addition
TITLE NAME			☐ Delete	TITLE NAME		Diane	3 Noller (D	ells	u• ☐ Change	Addition
STREET ADDRESS					T ADDRESS		Sorolla Aue			
CITY-ST-ZIP					ST-ZIP	Direc	Gables, Fi	_ 33134	☐ Change	Addition
TITLE NAME			☐ Delete	TITLE		mich	ciel Breeden		□ Citatige	Addition
STREET ADDRESS					ET ADDRESS	1240	Mariola C	ourt		
CITY-ST-ZIP	ļ				ST-ZIP		Gables, FL	33134		The statistics
TITLE NAME			☐ Delete	TITLE		Direc	tor tulton		☐ Change	Addition
STREET ADDRESS		-		1	T ADDRESS	6450		reet		
CITY-ST-ZIP				CITY:	ST-ZIP-	Micin	33 FE 33 15	<u> 56</u>	~	
TITLE			☐ Delete	TITLE		Direc		;	Change	Addition
NAME STREET ADDRESS			,	NAME STREE	t address	6372	in 6. Nesbi Fisher Isla	:++		
CITY-ST-ZIP					ST-ZIP	Fish	er Islani	110 OVIVE =1_3310	9	
TITLE			☐ Delete	TITLE		Direc	tor		☐ Change	Addition
NAME				NAME	T ADDRESS	Ken (Roberts			
STREET ADDRESS CITY-ST-ZIP					ST-ZIP	(245	Coral way Gables ve	_ 3213G		
13. I hereby	received the information supplied	with this filing do	es not qualify fo	or the exer	nption stat	ed in Section	n 119.07(3)(i), Florida S	tatutes. I further co	ertify that the i	nformation
indicated of the co	on this report or supplemental reproperation or the receiver or trustee, or on an attachment with an addr	ort is true and acc empowered to ex	curate and that r ecute this report	rny signati t as requ j r	ure shall h	ave the same	e legal effect as if made	e under oath; that l	l am an officer	or director

SIGNATURE: __

<u>4-20-2000</u> <u>30.5 476-068</u>0 Date Daylime Phone #

CR2F034 (9/99)

Attechano 72056(

b4bpartner Inc. Annual Report Document No. P99000050379 FEI Number 65-0924997

12. Additions/Changes to Officers and Director in 11 Continued from Original Report

Director John L. Shurman 3608 St. Gaudens Road Miami, Florida 33133

Director – – – Leo J. Campbell 4263 South 35th Street Arlington, VA 22206