

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104353

1. Entity Name
GALICIAN ENTERPRISES INC.

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91608 028 ***150.00

Principal Place of Business
14905 SW 38TH STREET
MIAMI FL 33185

Mailing Address
14905 SW 38TH STREET
MIAMI FL 33185



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-1052876

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAYEGH, RICARDO
14905 SW 34 STREET
MIAMI FL 33185

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ALLUP, RICARDO SAYEGH
CITY-ST-ZIP 14905 SW 38TH STREET
MIAMI FL 33185

TITLE ☐ Delete
NAME VP
STREET ADDRESS SAYEGH, NELSON
CITY-ST-ZIP 14905 SW 34 STREET
MIAMI FL 33185

TITLE ☐ Delete
NAME S
STREET ADDRESS SAYEGH, IRENE V
CITY-ST-ZIP 14905 SW 34 STREET
MIAMI FL 33185

TITLE ☐ Delete
NAME T
STREET ADDRESS SAYEGH, CLAUDIA
CITY-ST-ZIP 14905 SW 34 STREET
MIAMI FL 33185

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
Date

Daytime Phone #

CR2E034 (9/01)