

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90198 044 ***158.75

DOCUMENT # 229516
Entity Name
GALAXY CO-OP APARTMENTS CORPORATION, INC.

719926



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business
852 COLLINS AVE
APT. A-1
MIAMI BEACH FL 33139-5818

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
852 COLLINS AVE
APT. A-1
MIAMI BEACH FL 33139-5818
US

4. City & State
City & State

5. Zip
Country

4. FEI Number - 59-6065007
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SAXER, HOWARD I. D
852 COLLINS AVE.
A-1
MIAMI BEACH FL 33139

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. 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, 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	PD	<input type="checkbox"/> Delete
NAME	SAXER, HOWARD I. D	
STREET ADDRESS	852 COLLINS AVENUE, A-1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, ANDREW	
STREET ADDRESS	852 COLLINS AVENUE C-4	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	COHEN, ANN	<input type="checkbox"/> Delete
NAME	COHEN, ANN	
STREET ADDRESS	852 COLLINS AVE., #B-1	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANK, MARK	
STREET ADDRESS	852 COLLINS AVENUE C-1	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUTMAN, RITA	
STREET ADDRESS	852 COLLINS AVENUE, A-2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAINS, EDITH	
STREET ADDRESS	852 COLLINS AVENUE C-5	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	ACTING STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Dr. Howard I. Saxer* PRES. 4-20-00 365-531-5234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #