

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90114 026 ***150.00

DOCUMENT # 339193

1. Entity Name
GALLO INVESTMENTS, INC.



Principal Place of Business
**500 N ANSON BLVD
HALLANDALE FL 33009**

Mailing Address
**500 N ANSON BLVD
HALLANDALE FL 33009**

90003175



2. Principal Place of Business

1150 E. Hallandale Beach Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite A

City & State

Hallandale Beach

Zip

33009

Country

Florida

Country

4. FEI Number

59-1228826

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALLO, MICHAEL
3491 N 30 TERR
HOLLYWOOD FL**

7. Name and Address of New Registered Agent

Name
LEONARD OSHINSKY

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

1150 E. Hallandale Beach Blvd.

Suite A

City

Hallandale Beach

FL

Zip Code

33009

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

Leonard Oshinsky, **LEONARD OSHINSKY**

1/13/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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
**STD
GALLO, MIKE
3491 N 30 TERR
HOLLYWOOD FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GALLO, ROBERTO
1234 FUNSTON ST
HOLLYWOOD FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GALLO, CARMEN
325 Holiday Dr.
Hallandale, FL 33009**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

CR2E034 (10/02)

01/16/03 AV

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **x** **CARMEN GALLO**

1/13/03

954/458-7447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #