

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 695834

1. Entity Name

GALLERIA TOBACCONISTS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90035 028 ***150.00

Principal Place of Business

Mailing Address

2356 E. SUNRISE BOULEVARD
LAUDERDALE FL 33304

7100 W. AMINO ROAD
SUITE 302
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2109789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EUGENE, TERRY
17759 LAKE ESTATES
BOCA RATON FL 33496

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, 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	CD	<input checked="" type="checkbox"/> Delete
NAME	WOLK, JOEL	
STREET ADDRESS	23156 L'BMITEA CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	C	<input type="checkbox"/> Delete
NAME	EUGENE, TERRY	
STREET ADDRESS	17759 LAKE ESTATES	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIVE, HAROLD	
STREET ADDRESS	2555 DAVIE RD, SUITE 110	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DUELL, KARL E	
STREET ADDRESS	5008 N FEDERAL HWY	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORNELL, ALAN	
STREET ADDRESS	6921 LIONS HEAD LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITK, NEIL	
STREET ADDRESS	7100 QUEENSFERRY CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33496	

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		<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17640 Lakes Estates Dr.	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Litten, Neil	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)