


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90098 018 \*\*\*\*70.00

**DOCUMENT # 725483**

1. Entity Name  
**GALEN 250 CONDOMINIUM. INC.**



Principal Place of Business      Mailing Address

**250 GALEN DRIVE  
KEY BISCAIYNE FL 33149  
US**

**250 GALEN DRIVE  
#46  
KEY BISCAIYNE FL 33149  
US**

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 **59-1467658**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CANCIO, JULIE-ANN  
C/O 250 GALEN DRIVE, #46  
KEY BISCAIYNE FL 33149**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Julie Ann Cancio* **JULIE-ANN CANCIO**      **3/4/03**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>CANCIO, RAMON</b>	
STREET ADDRESS <b>250 GALEN DRIVE #46</b>	
CITY-ST-ZIP <b>KEY BISCAIYNE FL 33149</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>ANDRIAL, BERTA</b>	
STREET ADDRESS <b>250 GALEN DRIVE, #26</b>	
CITY-ST-ZIP <b>KEY BISCAIYNE FL 33149</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>PARODI, SYLVIA</b>	
STREET ADDRESS <b>250 GALEN DR. #21</b>	
CITY-ST-ZIP <b>KEY BISCAIYNE FL 33149</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>ENRIQUE, ENRIQUEZ</b>	
STREET ADDRESS <b>2100 SW 128TH CT</b>	
CITY-ST-ZIP <b>MIAMI FL 33175</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>CHRISTINA DE, CORDOBA</b>	
STREET ADDRESS <b>250 GALEN DR #32</b>	
CITY-ST-ZIP <b>KEY BISCAIYNE FL 33149</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
CITY-ST-ZIP	
TITLE	<input checked="" 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	<b>550 Ocean Dr. APT. 8C</b>
CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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* **SIGNATURE REQUIRED**      **3-4-03**      **(305) 365-0326**

CR2E037 (10/02)