

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001299

1. Entity Name

GALAXY GRILLE PARTNERSHIP, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Principal Place of Business

350 SOUTH COUNTY ROAD  
PALM BEACH FL 33480

Mailing Address

350 SOUTH COUNTY ROAD  
PALM BEACH FL 33480-4481

00-FEB-18 AM 10:23

00-FEB-22 AM 10:49



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0677514

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

GILDAN, LAURIE L ESQ.  
GREENBERG, TRAUIG, HOFFMAN, LIPOFF, ET AL.  
777 S. FLAGLER DRIVE, SUITE 310-EAST  
WEST PALM BEACH FL 33401

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. Capital Contributions as Shown on record.

\$5,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000057184  
NAME GALAXY GRILLE, INC.  
STREET ADDRESS 350 SOUTH COUNTY ROAD  
CITY - ST - ZIP PALM BEACH FL 33480

STREET ADDRESS

CITY - ST - ZIP

31100

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-15-2000 5618339909

CR2E003 (9/99)