

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009231 AT

DOCUMENT # A96000002271



FILED

2003 APR 17 AM 11:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1. Entity Name SOLOMON GALIANO, LTD.	
Principal Place of Business 6320 SW 32 STREET MIRAMAR FL 33023-5004	Mailing Address 6320 SW 32 STREET MIRAMAR FL 33023-5004

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 65-0712561	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEISS, HELEN 10300 SUNSET DR., STE. 135 MIAMI FL 33129		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$371,250.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P96000099527	STREET ADDRESS	
NAME	SOLOMON GALIANO, INC.	CITY-ST-ZIP	000016219450
STREET ADDRESS	10300 SUNSET DR.		04/17/03--01074--018 ***526.25
CITY-ST-ZIP	MIAMI FL 33173		
DOCUMENT #		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: SOLOMON GALIANO **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date **4/11/03** Daytime Phone # **954-967-8961**

CR2E003 (10/02)

SAMPLE CHECK HERE