

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001852**

1. Entity Name

GALLOWAYS INVESTMENTS, LTD.

FILED

02 JAN 23 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**8746 S.W. 12TH STREET
MIAMI FL 33174**

Mailing Address

**8746 S.W. 12TH STREET
MIAMI FL 33174**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-1319320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GAM, DAVID
8746 S.W. 12TH STREET
MIAMI FL 33174**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions

\$2,500,000.00

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

DOCUMENT # **P97000067853**
NAME **GALLOWAYS INVESTMENTS, INC.**
STREET ADDRESS **8746 S.W. 12TH STREET**
CITY-ST-ZIP **MIAMI FL 33174**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900004831859--7
-01/23/02--01092--026
*******526.25 *****526.25**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/16/02 205-223-6744

CR2E003 (9/01)