

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90136 036 ***150.00

0196312

DOCUMENT # H64376

1. Entity Name

GALLI ITALIAN DELI, INC.

Principal Place of Business

**18473 S DIXIE HWY
 MIAMI FL 33157
 US**

Mailing Address

**18473 S DIXIE HWY
 MIAMI FL 33157
 US**

00032215



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 **59-2550957**

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

~~LUDOVICI, SOGAN M ESQ
 17415 S. DIXIE HWY.
 MIAMI FL 33157~~

*Delete
 AS OF 1-01-01*

Name **LOUIS FIGUERAS CPA**
 Street Address (P.O. Box Number is Not Acceptable)
6414 SW 40 Street - Suite C
 City **Miami** FL Zip Code **33155**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **GALLI, AURORA**
 STREET ADDRESS **16644 SW 93 CT**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **S** ☒ Delete
 NAME **GALLI, NATALINO**
 STREET ADDRESS **16644 SW 93 CT**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☐ Addition
 NAME **Waldo Faura**
 STREET ADDRESS **528 SW 88 PL. E**
 CITY-ST-ZIP **Miami, FL. 33174**

TITLE **Waldo Faura** ☐ Change ☐ Addition
 NAME **528 SW 88 PL. E.**
 STREET ADDRESS **Miami FL. 33174**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: *Waldo Faura*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/01 (305) 803-1234
 Date Daytime Phone #

CR2E034 (10/00)