

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90094 045 ***150.00

DOCUMENT # H95535

1. Entity Name

GALPAR INVESTMENT, INC.

Principal Place of Business

% MARTIN L. ROTH
1801 N.W. 93RD AVE.
MIAMI FL 33172

Mailing Address

% MARTIN L. ROTH
1801 N.W. 93RD AVE.
MIAMI FL 33172

2. Principal Place of Business

1801 N.W. 93 Avenue

3. Mailing Address

P.O. Box 440625

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Miami, FL.

Zip

33172

Country

USA

Zip

33144

Country

USA

4. FEI Number

59-2642209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARRA, JUAN CARLOS
1801 N.W. 93RD STREET
MIAMI FL 33172

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

(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, 2002 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

TITLE ☐ Delete
 NAME **P**
PARRA, JUAN CARLOS
 STREET ADDRESS **1801 N.W. 93 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME **S**
PARRA, CEIDA
 STREET ADDRESS **1801 N.W. 93 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33172**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **VP**
Parra, Ceida
 STREET ADDRESS **1801 N.W. 93 Avenue**
 CITY-ST-ZIP **Miami, FL. 33172**

TITLE ☐ Change ☒ Addition
 NAME **S**
Parra, Daniel
 STREET ADDRESS **1801 N.W. 93 Avenue**
 CITY-ST-ZIP **Miami, FL. 33172**

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02 (305) 593-1636

CR2E034 (9/01)