

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90179 031 \*\*\*150.00

**DOCUMENT # H95535**

**1. Entity Name**  
**GALPAR INVESTMENT, INC.**



**Principal Place of Business**  
**1801 NW 93 AVE**  
**MIAMI FL 33172**

**Mailing Address**  
**PO BOX 440625**  
**MIAMI FL 33172**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **59-2642209**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	PARRA, JUAN CARLOS	
STREET ADDRESS	1801 N.W. 93 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARRA, CEIDA	
STREET ADDRESS	1801 N.W. 93 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARRA, DANIEL	
STREET ADDRESS	1801 NW 93 AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 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

*3/21/03*

Date

*(305) 593-1636*

Daytime Phone #

CR2E034 (10/02)