

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K97938

1. Entity Name

GALPA, INC.

Principal Place of Business

2665 S. BAYSHORE DR
SUITE 703
MIAMI FL 33133
US

Mailing Address

2665 S. BAYSHORE DR
SUITE 703
MIAMI FL 33133-5401
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC
2665 S. BAYSHORE DR
SUITE 703
MIAMI FL 33133

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, 2000 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	S	<input type="checkbox"/> Delete
NAME	RICHARDS, TIMOTHY D.	
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE 703	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VAUGHAN, HENRY	
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE 703	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VAUGHAN MCALLISTER, RICHARD	
STREET ADDRESS	2665 S BAYSHORE DR STE 703	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	VAUGHAN MCALLISTER, CATHERINE	
STREET ADDRESS	2665 S BAYSHORE DR STE 703	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90193 001 *3,000.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0130719** ☐ Applied For
☐ Not Applicable

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

CR2E034 (9/99)