

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90187 047 \*\*\*\*50.00

**DOCUMENT # L00000009999**

1. Entity Name  
**GALLERIA FARMS, LLC**

Principal Place of Business      Mailing Address  
**501 BRICKELL KEY DR., SUITE 504**      **501 BRICKELL KEY DR., SUITE 504**  
**MIAMI FL 33131**      **MIAMI FL 33131**

**954653**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1500 NW 95 Avenue**      **1500 NW 95 Avenue**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Miami FL**      **Miami, FL**  
 Zip      Country      Zip      Country  
**33172**      **USA**      **33172**      **USA**

4. FEI Number      Applied For  
**65-1038060**       Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

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

**ROBINSON, WESLEY M ESQ.**  
**501 BRICKELL KEY DR., SUITE 504**  
**MIAMI FL 33131**

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

Name      **Kattya Rivera**  
 Street Address (P.O. Box Number is Not Acceptable)      **1500 NW 95 Avenue**  
**Miami, FL**  
 City      **FL**      Zip Code      **33172**

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]*      **Kattya Rivera, controller of Galleria Farms 4/19/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VALENCIA, GERMAN</b> <b>10540 SW 124 STREET</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MD</b> <b>PINCUS, PILAN</b> <b>11261 SW 128 PLACE</b> <b>MIAMI FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MP</b> <b>GOLD, NEIL</b> <b>1731 W OAK KNOLL CIRCLE</b> <b>FT LAUDERDALE FL 33324</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MP</b> <b>STEINER, JEFFREY</b> <b>12829 SW 103 PLACE</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MP</b> <b>PALMA, RAUL</b> <b>12521 SW 264 STREET</b> <b>HOMESTEAD FL 33032</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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

CR2E083 (9/01)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**      **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      **4/19/02**      **305-591-0045**  
Date      Daytime Phone #