

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90128 038 \*\*\*\*50.00

0021045

**DOCUMENT # L00000009999**

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



Principal Place of Business  
**1500 NW 95TH AVE.  
MIAMI FL 33172**

Mailing Address  
**1500 NW 95TH AVE.  
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1038060**

Applied For  
Not Applicable

Zip Country

Zip Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVERA, KATTYA  
1500 NW 95TH AVE.  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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: *Kattya Rivera* **SIGNATURE REQUIRED** 4/21/03 786-437-6423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)