

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 08:00 AM
Secretary of State

DOCUMENT # L00000012295

1. Entity Name
 GALOPINES LTD. CO.

Principal Place of Business		Mailing Address	
5584 N.W. 114 AVE., APT 210		5584 N.W. 114 AVE., APT 210	
MIAMI	FL	MIAMI	FL
33178		33178	

2. Principal Place of Business	3. Mailing Address
15564 S.W. 113 ST.	15564 S.W. 113 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
MIAMI FL	MIAMI FL		<input checked="" type="checkbox"/> Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
33196		33196				

6. Name and Address of Current Registered Agent

PADRO ANGEL
 5584 N.W. 114 AVE., APT 210

MIAMI FL
 33178 US

7. Name and Address of New Registered Agent

Name
 PADRO ANGEL

Street Address (P.O. Box Number is Not Acceptable)
 15564 S.W. 113 ST.

City
 MIAMI FL

Zip Code
 33196

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 _____ DATE **05/22/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	MGR PADRO ANGEL 15564 S.W. 113 ST. MIAMI FL 33196 <input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Angel Padro **Mgr** **05/22/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)