

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90140 017 ****50.00

DOCUMENT # L01000015764

1. Entity Name

GALLE DESIGNS LLC

(1)

Principal Place of Business

**1621 BAY RD., SUITE 408
 MIAMI BEACH FL 33139**

Mailing Address

**1621 BAY RD., SUITE 408
 MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10 VENETIAN WAY
 Suite, Apt. #, etc.
 #1002**

3. Mailing Address

**10 VENETIAN WAY #1002
 Suite, Apt. #, etc.
 1002**

City & State

Miami Beach

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FEI Number

65-1137536

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GAMBINO, CARLO A
 1621 BAY RD., SUITE 408
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name: **EDUARDO MARTINEZ**

Street Address (P.O. Box Number is Not Acceptable)

10 VENETIAN WAY #1002

~~MIAMI BEACH~~

City

MIAMI BEACH

FL

Zip Code
33139

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 **EDUARDO MARTINEZ / GENERAL MANAGER**

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

(NOTE: Registered Agent signature required when reinstating)

JULY 11, 2002

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E083 (4/02)

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

JULY 11, 2002 (305)695 9545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #