

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90584 008 ****50.00

DOCUMENT # L02000006507

1. Entity Name
GAL-USA, LLC



Principal Place of Business
**7601 E. TREASURE DR. #1810
N. BAY VILLAGE FL 33141**

Mailing Address
**7601 E. TREASURE DR. #1810
N. BAY VILLAGE FL 33141**

2. Principal Place of Business

1865 79th CSWP #15/0

3. Mailing Address

1865 79th CSWP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 15/0

APT 15/0

City & State

City & State

N. Bay Village FL.

N. Bay Village

Zip

Zip

33141

USA

33141

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VARDI, DAVID

**7601 E. TREASURE DR. #1810
N. BAY VILLAGE FL 33141**

Name

DAVID VARDI

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

1865 79th CSWP

APT. 15/0

City

N. Bay Village

FL

Zip Code

33141

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

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

DAVID VARDI

(NOTE: Registered Agent signature required when reinstating)

4/25/03

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 **MGRM** ☒ Delete
NAME **VARDI, DAVID**
STREET ADDRESS **7601 E. TREASURE DR. #1810**
CITY-ST-ZIP **N. BAY VILLAGE FL 33141**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **VARDI, DAVID**
STREET ADDRESS **1865 79th CSWP #15/0**
CITY-ST-ZIP **N. Bay Village FL 33141**

TITLE **MGRM** ☒ Delete
NAME **VARDI, NAOMI**
STREET ADDRESS **7601 E. TREASURE DR. #1810**
CITY-ST-ZIP **N. BAY VILLAGE FL 33141**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **VARDI, NAOMI**
STREET ADDRESS **1865 79th CSWP #15/0**
CITY-ST-ZIP **N. Bay Village FL 33141**

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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:

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

4/25/03
Date

305 865 6160
Daytime Phone #

CR2E083 (10/02)