

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L43217

1. Entity Name

GALOW TRADING COMPANY

Principal Place of Business

6995 NW 82ND AVE  
BAY 42  
MIAMI FL 33166  
US

Mailing Address

6995 NW 82ND AVE  
BAY 42  
MIAMI FL 33166  
US

2. Principal Place of Business

6993 N.W. 82 AVE

Suite, Apt. #, etc.

24

City & State

MIAMI FL. 33166

Zip

33166

Country

US

3. Mailing Address

6993 N.W. 82 AVE

Suite, Apt. #, etc.

24

City & State

MIAMI FLORIDA

Zip

33166

Country

US

6. Name and Address of Current Registered Agent

GARGAGLIONE, ALFREDO A.  
8031 LAKE DR #201  
MIAMI FL 33166

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**-FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
GARGAGLIONE, ALFREDO  
15625 S.W. 55 STREET  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
GARGAGLIONE, GILDA  
15625 SW 55 STREET  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
GARGAGLIONE ALFREDO  
15565 S.W. 42 Terrace  
MIAMI, FL. 33185 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
GARGAGLIONE Gilda  
15565 S.W. 42 TERRACE  
MIAMI, FL. 33185 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90329 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

3-26-01 305 5930406