

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90592 001 ****50.00

DOCUMENT # L99000009035

1. Entity Name

GALA ENTERPRISES, LLC

Principal Place of Business

**3700 N.E. 27TH TERRACE
 LIGHTHOUSE POINT FL 33064**

Mailing Address

**3700 N.E. 27TH TERRACE
 LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0983459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CHAIKEN, GARY
 3700 N.E. 27TH TERRACE
 LIGHTHOUSE POINT FL 33064**

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHAIKEN, GARY	
STREET ADDRESS	3700 N.E. 27TH TERRACE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	M	<input type="checkbox"/> Delete
NAME	CHAIKEN, LAURA	
STREET ADDRESS	3700 N.E. 27TH TERRACE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2200 N FEDERAL HWY	
STREET ADDRESS	POMPANO BEACH FL 33062	
CITY-ST-ZIP	33062	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2200 N FEDERAL HWY	
STREET ADDRESS	POMPANO BEACH FL 33062	
CITY-ST-ZIP	33062	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (9/01)

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

Date

Daytime Phone #