

FOR PROFIT CORPORATION

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90323 028 ***158.75

DOCUMENT # L99177

1. Entity Name

Galceran Auto electric II, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11900 SW 8 St.

3. Mailing Address

11900 SW 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33184 USA

33184 USA

USA

4. FEI Number

65-0240104

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Galceran, Gilberto A Jr

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

11900 SW 8 St.

City

Miami

FL

Zip Code

33184

DO NOT WRITE IN THIS SPACE

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)

X

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P millan, Juan 11900 SW 8 St. Miami, FL 33182
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Galceran, Gilberto A 11900 SW 8 St. Miami, FL 33182
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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 on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02

Date

305-553-4333

Daytime Phone #