

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90254 011 ***150.00

0621602 AT

DOCUMENT # **M36633**

1. Entity Name
GALA HOLDING CORP.

GLOBAL TRANSNET CORP



Principal Place of Business
1717 N BAYSHORE DRIVE
SUITE 321
MIAMI FL 33132
US

Mailing Address
433 MAUREEN LANE
SEVERNA PARK MD 21146

2. Principal Place of Business

550 M Ritchie Highway

3. Mailing Address

550 M Ritchie Highway

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

SEVERNA PARK

City & State

SEVERNA PARK

Zip

21146

Country

USA

Zip

21146

Country

USA

4. FEI Number

59-2720096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HEILMAN, MICHAEL D
1717 N BAYSHORE DRIVE
SUITE 321
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name **Michael D. Heilman**
Street Address (P.O. Box Number is Not Acceptable)
1177 GEORGE BUSH BLVD
SUITE 308
City **DELRAY BEACH** **FL** Zip Code **33483**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HEINTSCHEL, ERIC F**
STREET ADDRESS **300-1 EAST PARK AVENUE**
CITY-ST-ZIP **CHARLOTTE NC 28202**

TITLE **PD** ☒ Delete
NAME **STOLLER, JEFFREY**
STREET ADDRESS **1717 N BAYSHORE DR., SUITE 4256**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **EVPD** ☐ Delete
NAME **HEILMAN, MICHAEL D**
STREET ADDRESS **433 MAUREEN LANE**
CITY-ST-ZIP **SEVERNA PARK MD 21146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **PD** ☒ Change ☐ Addition
NAME **HEILMAN, MICHAEL D**
STREET ADDRESS **550M RITCHIE HIGHWAY #104**
CITY-ST-ZIP **SEVERNA PARK MD 21146**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael D. Heilman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

410.647.9609

Daytime Phone #

CR2E034 (10/02)