

5/15

FILED
Jun 04, 2001 8:00 am
Secretary of State

05-15-2001 90057 037 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005220

1. Entity Name

CENTRO GALLEGO DE LA FLORIDA, INC.

Principal Place of Business

3407 SW 8 STREET
MIAMI FL 33135

Mailing Address

3407 SW 8 STREET
MIAMI FL 33135

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0945136

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ-GALLEGO, ROLANDO J
3407 SW 8 STREET
MIAMI FL 33135

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME MARTINEZ-SOLINO, CARLOS
 STREET ADDRESS 3407 SW 8 STREET
 CITY-ST-ZIP MIAMI FL 33135

TITLE PD ☐ Change ☐ Addition
 NAME MARTINEZ-SOLINO, CARLOS T.
 STREET ADDRESS 3407 SW 8 STREET
 CITY-ST-ZIP MIAMI FL 33135

TITLE VD ☐ Delete
 NAME GONZALEZ-COSTAS, EDELMIRO
 STREET ADDRESS 3407 SW 8 STREET
 CITY-ST-ZIP MIAMI FL 33135

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

TITLE SD ☐ Delete
 NAME PEREZ-GALLEGO, ROLANDO J
 STREET ADDRESS 3407 SW 8 STREET
 CITY-ST-ZIP MIAMI FL 33135

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

TITLE TD ☐ Delete
 NAME FERNANDEZ-CANOSA, BENITO
 STREET ADDRESS 3407 SW 8 STREET
 CITY-ST-ZIP MIAMI FL 33135

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 611, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06-01-01 305)461-1898

CR2E037 (10/00)