

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90101 003 \*\*\*150.00

DOCUMENT # P00000006278

1. Entity Name

GALLOWAYSCO.COM, INC.

Principal Place of Business

9350 S DIXIE HWY PH 2  
MIAMI FL 33156

Mailing Address

9350 S DIXIE HWY PH 2  
MIAMI FL 33156

972948



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3440 Hollywood Blvd

3. Mailing Address

3440 Hollywood Blvd

Suite, Apt. #, etc.

360

Suite, Apt. #, etc.

360

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-0977582

Applied For

Not Applicable

Zip

33021

Country

U.S.A.

Zip

33021

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A  
9350 S DIXIE HWY PH 2  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name ROTH, LEONARDO A

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

3440 Hollywood Blvd, Suite 360

City Hollywood

FL

Zip Code

33021

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GALLO, FACUNDO 9481 ABBOTT AVE APT 9 MIAMI BEACH FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLO, FACUNDO 9481 ABBOTT AVE APT 9 MIAMI BEACH FL 33154	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

FACUNDO GALLO (PVST) 4-30-01 (954) 322-428

Date

Daytime Phone #

CR2E034 (10/00)