

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90005 049 \*\*\*150.00

**DOCUMENT # P00000007265**

1. Entity Name

**GALTROZ RAGS INC.**

Principal Place of Business

**6500 NW 35TH AVENUE  
 MIAMI FL 33147**

Mailing Address

**6500 NW 35TH AVENUE  
 MIAMI FL 33147**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0983019**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**VINAJERAS, HECTOR R  
 % HV ACCOUNTING & TAX SERVICES INC.  
 1400 NW 107TH AVENUE, SUITE 211  
 MIAMI FL 33172**

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FUENTES, LUIS A 6500 NW 35TH AVENUE MIAMI FL 33147</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TROCHEZ, LILIBETH G 6500 NW 35TH AVENUE MIAMI FL 33147</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
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

Date

Daytime Phone #

**04-30-01**

CR2E034 (10/00)

Attachment  
Doc# P00000007265  
C0074152



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

(May 30, 2001)

GALTROZ RAGS INC.  
6500 NW 35TH AVENUE  
MIAMI, FL 33147

We Sorry we had a problem with  
the postman and the letter wasn't  
delivered on time, they had

Subject: GALTROZ RAGS INC. the letter at the postoffice.

Reference P00000007265  
Number:

Thank you.

*David V. Abety*

Please be advised, we have received your annual report/uniform business report;  
however, the report has not been filed and a copy is being returned for the  
following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI)  
number or by checking the appropriate box. If "APPLIED FOR" is preprinted in  
Block 4, you MUST now provide the FEI number. A Social Security number is  
not considered to be the same as the FEI number. For FEI number assistance,  
call the IRS at (800) 829-1040.

Please sign and return your check submitted with the annual report/uniform  
business report.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE  
CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX  
1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE  
DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the  
Division of Corporations at (850) 488-9000.