

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91737 004 ***150.00

U349501 AV

DOCUMENT # P00000016929

1. Entity Name
TWO GALS, INC.

Principal Place of Business
306 S DIXIE HWY
WEST PALM BEACH FL 33401

Mailing Address
306 S DIXIE HWY
WEST PALM BEACH FL 33401

2. Principal Place of Business
1224 US HWY 1 - COVE
PLAZA

3. Mailing Address
1224 US HWY 1 - COVE
PLAZA

City & State
NORTH PALM BEACH, FL
Zip
33408
Country
USA

City & State
NORTH PALM BEACH, FL
Zip
33408
Country
USA

4. FEI Number **65-0985236** **Applied For**
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KURTTI, RICHARD
100 LAKESHORE DRIVE
252
NORTH PALM BEACH FL 33408

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]* **RICHARD KURTTI** **4/2/02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **ST** ☐ **Delete**
NAME **SURO, MARION**
STREET ADDRESS **306 S DIXIE HWY**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **P** ☐ **Delete**
NAME **KURTTI, RICHARD**
STREET ADDRESS **306 S DIXIE HWY**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☒ **Change** ☐ **Addition**
NAME **SURO, MARION**
STREET ADDRESS **1224 US HWY 1 - COVE PLAZA**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **KURTTI, RICHARD**
STREET ADDRESS **1224 US HWY 1 - COVE PLAZA**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

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

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

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]* **REQUIRE** **MARION SURO** **4/2/02** **561.656.2525**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)