

2001 UNIFORM BUSINESS

REPORT (UBR)

4/3

FILED
May 17, 2001 8:00 am
Secretary of State

04-30-2001 90101 024 ***150.00

DOCUMENT # P00000024350

1. Entity Name

GALAPAGOS DIVERS INC.

Principal Place of Business

P O BOX 312
HALLANDALE FL 33008

Mailing Address

P O BOX 312
HALLANDALE FL 33008

ESPINOZA FERNANDO

2. Principal Place of Business
13605 NW 5 CT

3. Mailing Address

Suite, Apt. #, etc.

N. MIAMI FL 33168

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0759372

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

ESPINOZA, FERNANDO
13605 NW 5 CT
N MIAMI FL 33168

Name

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

City

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 transferring)

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 State10. 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-STATE-ZIP
FERNANDO ESPINOZA ☐ Delete
PRESIDENT
13605 NW 5 CT.
N. MIAMI FL 33168TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ 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 I've empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

4.18.01

CR2004 (10/00)