2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State **DOCUMENT # P00000048769** 04-14-2001 90037 014 ***150.00 GALETTO & ASSOCIATES INC. Principal Place of Business Mailing Address 10820 CAMERON COURT #103 10820 CAMERON COURT #103 I U U W I DAVIE FL 33324 DAVIE FL 33324 2. Principal Place of Business 3. Mailing Address 3740 92 Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-1052812 Florioa Miami Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 4 SA 33*165* Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GALETTO, VIVIANA B Street Address (P.O. Box Number is Not Acceptable) 10820 CAMERON COURT #103 DAVIE FL 33324 Zip Code City FL 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 ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DRESDOENT Delete TITLE ☐ Change ☐ Addition TITLE NAME LIVIAWA GALETTO NAME STREET ADDRESS STREET ADDRESS 3740 SW 92 DVE CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRES CITY-ST-ZIP == CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete DDE ☐ Change ☐ Addition MALIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP 13. I hereby certify that the information supplied with this thing indicated on this report or supplemental apports true and of the corporation or the receiver or trustee empowered. does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information of curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director state his 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 w SIGNATURE: ENG OFFICER OR DIRECTOR