

2005

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2005 8:00 am**  
**Secretary of State**

08-12-2005 90002 002 \*\*\*150.00

DOCUMENT #

P 00000068130

1. Entity Name

Camille Galindo, Inc.



DO NOT WRITE IN THIS SPACE

50061299

2. Principal Place of Business

2100 Sans Souci Blvd.

3. Mailing Address

Suite, Apt. #, etc.

# 1402

Suite, Apt. #, etc.

City & State  
N. Miami

Florida

City &amp; State

4. FEI Number

65-1030774

Applied For

Not Applicable

Zip  
33181Country  
Miami Dade

Zip

Country

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

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Camille Galindo

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

2100 Sans Souci Blvd. # 1402

City

N. Miami

FL

Zip Code  
33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/11/05

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Camille Galindo 2100 Sans Souci Blvd 1402 N. Miami, D FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Camille Galindo, Pres.

8/11/05 305895-7866

CR2E0346 (12/02)

7

# ATTACHMENT

*P 000 000 68130*  
*5 000 1299*  
AUGUST 11, 2005

Camille Galindo, Inc.  
2100 Sans Souci Blvd. 1402  
N. Miami, FL 33181  
P00-000068130

65-1030774

STATE OF FLORIDA  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500

DEAR SIR OR MADAM:

ENCLOSED IS THE CORPORATION REINSTATEMENT FORM  
FOR OUR COMPANY FOR 2005, AND A PAYMENT OF \$ 150.00.

THE REASON THIS FORM WAS NOT FILED PRIOR TO  
MAY 1st IS THAT WE NEVER RECEIVED THE RENEWAL IN THE MAIL.

A PERSON FROM YOUR OFFICE SAID, "THAT YOU WOULD  
ALLOW THIS FORM TO NOW BE FILED WITHOUT A PENALTY". THANK YOU.

VERY TRULY YOURS,  
Camille Galindo, Inc.



By: Camille Galindo PRESIDENT