

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Mar 19, 2001 8:00 am
Secretary of State

01-26-2001 90012 035 ***150.00

DOCUMENT # P00000096362

1. Entity Name

GALAVIS COFFEE TRADE, INC.

Principal Place of Business

2500 HOLLYWOOD BOULEVARD #302
 FORT LAUDERDALE FL 33020

Mailing Address

2500 HOLLYWOOD BOULEVARD #302
 FORT LAUDERDALE FL 33020

2. Principal Place of Business

2500 Hollywood Blvd #302

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite # 302

Suite, Apt. #, etc.

City & State

Fort Lauderdale

City & State

4. FEI Number

65-1048772

Applied For

Not Applicable

Zip

33020

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAW FIRM OF MANFRED ROSENOW, P.A.
 601 S.W. 57TH AVENUE
 SUITE D
 MIAMI FL 33144

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 | PVD | <input type="checkbox"/> Delete |
| NAME | GALAVIS, LINO A | |
| STREET ADDRESS | 6425 N.W. 54TH STREET | |
| CITY-ST-ZIP | CANDLERILL FL 33319 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | GALAVIS, ELEONORA | |
| STREET ADDRESS | 6425 N.W. 54TH STREET | |
| CITY-ST-ZIP | CANDLERILL FL 33319 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ARSLANIAN, CLAUDIA | |
| STREET ADDRESS | 5825 SWORDFISH COURT | |
| CITY-ST-ZIP | TAMARAC FL 33319 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (10/00)