## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 26, 2001 8:00 am DOCUMENT # P00000104353 **Secretary of State** 1. Entity Name 05-01-2001 90098 024 \*\*\*150.00 GALICIAN ENTERPRISES INC. Principal Place of Business Mailing Address 14905 SW 38TH STREET 14905 SW 38TH STREET 8669 MIAMI FL 33185 MIAMI FL 33185 2. Principal Place of Business 3. Mailing Address 49055W 49055W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-10**5**2876 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Many Fee Required 14 m1 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent and o-saveab CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139 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 A (NOTE: Registered Agent signature required when reinstation) recistered about and their applicable. 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change TITLE Delete Secretary ALLUP, RICARDO SAYEGH NAME NAME 14905 SW 38TH STREET STREET ADDRESS STREET ADDRESS Street MiamitL CITY-ST-7IP CITY-ST-7IP MIAMI FL 33185 TITLE Delete NAME NAME Claudio Sautea STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Channe NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition BILE Delete TITLE NAME NAME STREET ADDRESS 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 B'ock 12 if changed, or on an attachment with an applicable. With all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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FEIN: 65-1052876

GALICIAN ENTERPRISES INC 14905 SW 38TH ST MIAMI, FL 33185

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You were recently assigned the Federal Employer Identification Number shown above

If you have any employees in Florida, you may be liable under the Unemployment Compensation Law if you meet any of the following criteria:

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