## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P00000107424

1. Entity Name

City & State

Zip

SIGNATURE

## **GALRON TRADING COMPANY**

Principal Place of Business

Mailing Address

11450 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

11450 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.

City & State

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.

## FILED May 04, 2001 8:00 am Secretary of State

05-04-2001 90053 042 \*\*\*150.00



GREENE, WILLIAM 11450 WEST SAMPLE ROAD CORAL SPRINGS FL 33065

Country

6. Name and Address of Current Registered Agent

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

Name				
Street	Address (P.O. Box Number is Not Acc	eptable)		
City		FL	Zip Code	·

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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Delete TITLE Change ☐ Addition NAME HAREL, YOSSHI MAME STREET ADDRESS STREET ADDRESS 4846 N. UNIVERSITY DRIVE, SUITE 198 CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33351 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

(NOTE: Registered Agent signature required when reinstating)

Country

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:

91. Yossi Hare

4-24-01

Date

Daytime Phone #