

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108533

1. Entity Name
GALEN REID PRODUCTIONS, INC.

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90006 049 ***150.00

Principal Place of Business
7757 GRANVILLE DRIVE #305
TAMARAC FL 33321

Mailing Address
7757 GRANVILLE DRIVE #305
TAMARAC FL 33321



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1057840

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESPOSITO, GERALDINE
7757 GRANVILLE DRIVE #305
TAMARAC FL 33321

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ESPOSITO, GERALDINE
7757 GRANVILLE DRIVE #305
TAMARAC FL 33321

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

Geraldine Esposito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-954
7/18/01 724-4221

CR2E034 (5/01)

0289900

*Attachment
PD00000108533
T73052*

Galen Reid Prod. Inc.

Date: 7/19/2001

To: Florida Dept. of State

Cc:

From: Galen Reid Prod. Inc. (Geraldine Esposito)

RE: Division of Corporations

I received your form ...2001 Uniform Business Report only last week. This is a new corporation and I am submitting my check for \$150.00.

Thank your for your cooperation,

I remain

Geraldine Esposito

Enc. Check