

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90429 049 ***150.00

DOCUMENT # P01000012055

1. Entity Name

GALLOWAY INTERNATIONAL ENTERPRISES, INC.

Principal Place of Business

10340 SW 125 ST.
MIAMI FL 33176

Mailing Address

10340 SW 125 ST.
MIAMI FL 33176

2. Principal Place of Business

8345 N.W. 68 STREET

3. Mailing Address

P.O. Box 161769

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-1088461

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33116-1769

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, CARLOS R
10340 SW 125 ST.
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

CARLOS R. PEREZ

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

8345 N.W. 68 STREET

City

MIAMI

FL

Zip Code
33166

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	JORGE GARCIA	8345 N.W. 68 STREET	MIAMI FL 33166		
	SECRETARY & TREASURER	JOSÉ SILVA	4567 CHALMERS DR ORLANDO, FL 32837		

CP2E034 (9/01)

13. I hereby certify that the information supplied with this form 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 recipient or holder of the power 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 any changes, with all officers and directors.

SIGNATURE:

JORGE GARCIA 4/9/02

305-718-3950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #