FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2002 8:00 am Secretary of State P01000031153 DOCUMENT # 1. Entity Name 04-01-2002 90056 025 ***150.00 GALCO INTERNATIONAL, CORP. Mailing Address Principal Place of Business 2455 HOLLYWOOD BOULEVARD 2455 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 1086200 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORREA, CARLOS E Street Address (P.O. Box Number is Not Acceptable) 2455 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33020 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition Addition PD TITLE TITLE ☐ Delete BASUALDO, RUFINA B NAME NAME 2455 HOLLYWOOD BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP Change ☐ Addition TITLE **VD** ☐ Delete TITLE NAME CORREA, CARLOS E NAME STREET ADDRESS STREET ADDRESS 2455 HOLLYWOOD BOULEVARD CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP □ Change ★ Addition ☐ Delete TITLE GALEO, FERNANDO NAME STREET ADDRESS 4427 N.W 82 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPANIS FL ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

PRESIDENT

AHachment

#81000031153

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ESTE PAGO DEBE SER EFECTUADO ANTES DEL 30 DE ARRIL DE 2002
HACER CHEQUE PAGADERO A DEPARTMENT OF STATE
POR LA CANTIDAD DE \$150.00
RECORDAR FIRMAR LOS DOCUMENTOS ADJUNTOS

PONER EN EL MEMO DEL CK ELF PO1000031153