## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DO NOT WRITE IN THIS SPACE

3. Mailing Address

**FILED** Jun 20, 2002 8:00 am Secretary of State 06-20-2002 90059 017 \*\*\*150.00

870284

DOCUMENT # P01000051332

2. Principal Place of Business A

Properties Galore, Inc.

120 SE 5 th the.	1120 SE 5th	- Ave		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	• • • • • • • • • • • • • • • • • • • •	DO NOT WRITE IN T	'HIS SPACE
# 218 Ocity & State	# 2   8 City & State		4. FEI Number	Applied For
Boca Raton Fl	Day Dalay	FI	65-1098047	Not Applicable
Zip Country 33432 USA	33432	Country A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33 138 1031			7. Name and Address of Current Regis	tered Agent
DO NOT WRITE IN THIS SPACE		Name Street Addre	assipo. Box Number e Mot Acceptable)	1205E 5th Aug
		City DOC	a katon Gastes	FL Zip Code 3 3 4 3 4
8. The above named entity submits this statement for	the purpose of changing its reg	istered office or reg	istered agent, or both, in the State of Florida.	- 3 ( 00 / 0
SIGNATURE Signature, typed or printed name of registered addst and title if additionable. (NOTE: Registered Agent signature required when reinstating)				
Tay filing requirement and elects to do so.		1 Fee is \$150.00 Fee is \$550.00 BR is \$61.25 to Department of	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May Be
11. OFFICERS AND	DIRECTORS			
President		TITLE		
STREET ADDRESS 120 SE 5th Ave, # 218 CITY-ST-ZIP BOCA RATON, F1 33432		NAME STREET ADDRESS		(12)
CITY-ST-ZIP BOOK PO +(N E1 3243)		CITY-ST-ZIP		34B
TITLE VICE PRESIDENT		TITLE	······································	
NAME Joel Israel		NAME		.   왕
STREET ADDRESS 1205E 5th ALE #218		STREET ADDRESS		¥
1011-51-21 BOCA Raton, F 33432		CITY-ST-ZIP		
TITLE SECRETARY		TITLE		
NAME STREET ADDRESS 120 SE STA Ave, # 218		NAME		
STREET ADDRESS 120 SE 5th Ave, # 218		STREET ADDRESS CITY-ST-ZIP	DO-NOT-WRITE	
buca katon, the	33432	TITLE		
1110030101		NAME	IN THIS SPA	ACE
STREET ADDRESS 120 SE 5Th Ave, #218		STREET ADDRESS		
CITY-ST-ZIP BOCA RATON, FI	37472	CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS CITY-ST-ZIP	ŀ	STREET ADDRESS CITY-ST-ZIP		
TITLE	<u> </u>	TITLE		
NAME	l	NAME		
STREET ADDRESS	ŀ	STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empt attachment with an address with all other like em	his filing does not qualify for the true and accurate and that my single to execute this report as	exemption stated in ignature shall have to required by Chapte	n Section 119.07(3)(i), Florida Statutes. I furthe the same legal effect as if made under oath; th er 607, Florida Statutes; and that my name app	r certify that the information at I am an officer or director pears in Block 11 or on an

SIGNATURE: Stace Goe Houly Adv 6, 11.02 561-391-3668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DR DIRECTOR

Date Dayling Phone #

Durin of Corporations 6.11.02 I never received notification that my annual Report was due nor did I reduce any forms from you. I called and requested that a form be sent to me ASAP. I was told by your department to send their letter explaining why my payment was late along with a chech for \$15000. I am requesting that you please vove any late feet due to the fact that I never received notification from you. Thank you, Addrey Soer President Galore, Inc