FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059521

1. Entity Name

GALPA EXPORT, CORP.

FILED

03 DEC -9 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
782 NW 42ND AVE	577 SPINNAKER
Suite, Apt. #, etc.: SUITE 637	Suite, Apt. #, etc.:
City & State: MIAMI, FLORIDA	City & State: WESTON, FLORIDA
Zip: 33126 Country: DADE	Zip: 33326 Country: BROWARD

REINSTATEMENT DO NOT WRITE IN THIS SPACE 03

4. FEI Number: 65-1125145 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ORLANDO J. SILVA

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

577 SPINNAKER

City: WESTON **FL** Zip Code: 33326

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: ORLANDO J. SILVA REGISTERED AGENT 11/18/03

Signature of, & printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
DIRECTOR ANGEL GALARZA 782 NW 42 AV. Suite 637 MIAMI, FL 33126	600024949996 12/09/03--01020--001 **191.25
PRESIDENT JESUS GALARZA 782 NW 42 AV. Suite 637 MIAMI, FL 33126	600024949996 11/24/03--01021--006 **550.00
VICE-PRESIDENT LUIS RUIZ-EZQUIDE 782 NW 42 AV. Suite 637 MIAMI, FL 33126	DO NOT WRITE IN THIS SPACE
GENERAL MANAGER GUSTAVO HERNANDEZ 782 NW 42ND AV, Suite 637 MIAMI, FL 33126	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO HERNANDEZ GENERAL MANAGER 11/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #