

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90067 043 ***150.00

DOCUMENT # P01000094150

1. Entity Name
GALEAN BEAUTY SALON, INC.



Principal Place of Business
**8607 SW 14TH COURT
PEMBROKE PINES FL 33025**

Mailing Address
**8607 SW 14TH COURT
PEMBROKE PINES FL 33025**

2. Principal Place of Business

10011 PINES BLVD.

Suite, Apt. #, etc.

101

City & State
PEMBROKE PINES, FL

Zip
33024

Country
FLORIDA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-1141691**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANDRADE, LEYDA L
8607 SW 14TH COURT
PEMBROKE PINES FL 33025**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **PD** ☐ Delete
NAME **ANDRADE, LEYDA L**
STREET ADDRESS **8607 SW 14TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE **VD** ☐ Delete
NAME **ANDRADE, ANTONIO**
STREET ADDRESS **8607 SW 14TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #

80138357

PO100094130

GALEAN BEAUTY SALON, INC.

10011 Pines Blvd., Suite 101

Pembroke Pines, FL 33024-6190

August 9, 2003

State of Florida
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

The corporation did not receive prior notice for filing of the 2003 Uniform Business Report. We respectfully request that the late fee be waived in these circumstances. Enclosed please find the 2003 UBR and a check for the original \$150 filing fee.

Thank you for your consideration in this matter.

Sincerely,

Leyda L. Andrade
President



8/10/03