2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000105718

1. Entity Name

Galce Group Engineering Services, INC

FILED

02 MAY -1 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1540 N.E 191 St, Ste 211, North Miami Beach Fl 33179

Mailing Address: 1540 NE 191 St, Ste 211, North Miami Beach Fl 33179

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address: 7105 SW 8 St

Suite, Apt. #, etc.: 103

City & State: Miami Fl

Zip: 33144 | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1149065 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ GERARDO S.
1540 N.E 191 Street, ste 211
North Miami Beach Fl. 33179

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

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: PD
NAME: PEREZ Gerardo S
STREET ADDRESS: 1540 N.E 191 Street, ste 211
CITY-ST-ZIP: North Miami Fl. 33179
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

500005976465--9
-06/25/02--01062--006
****150.00 ****150.00

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.

SIGNATURE: _____ 4/29/02 (305)220-6303