

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

FILED ATX1
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000118212	
1. Entity Name	
Galaxy Plus 2000, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4106 Johnson Street Suite, Apt. #, etc.		3. Mailing Address 3146 NW 68th Street Suite, Apt. #, etc. Suite No.1	
City & State Hollywood, FL		City & State Fort Lauderdale, Florida	
Zip 33021	Country USA	Zip 33309-1206	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Fritz L. Blaise	
	Street Address (P.O. Box Number is Not Acceptable) 4106 Johnson Street	
	City Hollywood	Zip Code 33021

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]* Fritz L. Blaise **DATE** 1/31/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO/Chairperson-Board Fritz L. Blaise 4106 Johnson Street Hollywood, Florida 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000807095 02/06/09-00069-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Advisor/Consultant Clifton H. Rodriguez, MPA, CPA, CIA 3146 NW 68th Street Fort Lauderdale, Florida 33309-1206	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *[Signature]* Fritz L. Blaise, CEO **DATE** 1/31/2008 **(954)964-2362**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #