


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

10/2

DOCUMENT # P02000028361
1. Entity Name
GALLATIN CORP.



FILED
03 JUN -6 PH 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10145 N.W. 19TH STREET
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
SAME

4. FEI Number

Applied For
 Not Applicable

Zip
33172

Country

Zip
SAME

Country

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 DAVID SHOPAY

Street Address (P.O. Box Number is Not Acceptable)
10145 N.W. 19TH STREET

City MIAMI FL Zip Code 33172

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 *David H. Shopay* 6-4-03
Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when re-registering. 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	D David Shopay 10145 N.W. 19th Street, Miami, FL 33172	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800021268888 07/02/03--01019--012 **150.00
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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: *David H. Shopay* 6-4-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GALLATIN CORP.
10145 NW 19th Street
Miami, Florida 33172
(305) 592-9747

zar

June 5, 2003

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

By means of this letter, we are requesting that the late filing fee be waived; do to our corporation not receiving the UBR from the state. Document # P02000028361

Thank you,

David H. Shopay

David H. Shopay
Director, Gallatin Corp.