

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90140 029 ***150.00

DOCUMENT # P02000049170

1. Entity Name
GALICIA PLAZA INC.



Principal Place of Business
**9921 W OKEECHOBEE RD. STE 126A
HIALEAH FL 33016**

Mailing Address
**9921 W OKEECHOBEE RD. STE 126A
HIALEAH FL 33016**



2. Principal Place of Business

8165 NW 155 ST.

Suite, Apt. #, etc.

3. Mailing Address

8165 NW 155 ST.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI LAKES FL.

City & State

MIAMI LAKES FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33016

Country

USA

Zip

33016

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONTRERAS, GILBERT A
255 ALHAMBRA CIR STE 425
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

MARIO FERRO

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

8165 N.W. 155 ST.

City

MIAMI LAKES FL

Zip Code

33016

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/03

FILE NOW!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

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 ☐ Delete
NAME **P MARIO FERRO**
STREET ADDRESS **8165 N.W. 155 ST.**
CITY-ST-ZIP **MIAMI LAKES, FL 33016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

[Signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03

Date

Daytime Phone #

CR2E034 (10/02)