

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90179 048 ***150.00

DOCUMENT # P02000102640

1. Entity Name
GALLIT, INC.



Principal Place of Business
**1783 SYCAMORE TERR.
WESTON FL 33327**

Mailing Address
**1783 SYCAMORE TERR.
WESTON FL 33327**

2. Principal Place of Business

877 Tanglewood Circle

3. Mailing Address

877 Tanglewood Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WESTON FL

City & State
WESTON FL

Zip
33327

Country
USA

Zip
33327

Country
USA

4. FEI Number
38-3664199

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

**PADRON, JOSE M
1783 SYCAMORE TERR.
WESTON FL 33327**

7. Name and Address of New Registered Agent

Name **SEBASTIANO TIRALONGO**
Street Address (P.O. Box Number is Not Acceptable)
877 Tanglewood Circle
City **WESTON FL** Zip Code **33327**

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 **SEBASTIANO TIRALONGO - VICE-PRESIDENT-DIRECTOR**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/16/03
DATE

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 **DP** ☐ Delete
NAME **PARDON, JOSE M**
STREET ADDRESS **1783 SYCAMORE TERR.**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **DV** ☐ Delete
NAME **TIRALONGO, SEBASTIANO M**
STREET ADDRESS **1783 SYCAMORE TERR.**
CITY-ST-ZIP **WESTON FL 33327**

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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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: **SEBASTIANO TIRALONGO - DV**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03 **954-349-0004**
Date Daytime Phone #

CR2E034 (10/02)