

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90100 040 ***150.00

0692029
FP

DOCUMENT # P02000103994

1. Entity Name
GALEANO LUJAN ENTERPRISES, INC.



Principal Place of Business
**BYRON 8535, SUITE #19
MIAMI BEACH FL 33141**

Mailing Address
**BYRON 8535, SUITE #19
MIAMI BEACH FL 33141**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0535096

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

**ROCHA, CENIDE P
BYRON 8535, SUITE #19
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **SERGIO A. CIERT**
Street Address (P.O. Box Number is Not Acceptable)
**BYRON 8535 SUITE #19
MIAMI BEACH, FL. 33141**
City **SS # 514-06-6113** **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. 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 reinstalling)

DATE

04/23/07

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 **P** ☐ Delete
NAME **GALEANO, ANTONIO M**
STREET ADDRESS **BYRON 8535, SUITE #19**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **V** ☐ Delete
NAME **PONCE, SILVIA L**
STREET ADDRESS **BYRON 8535, SUITE #19**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **T** ☐ Delete
NAME **GALEANO, SABRINA E**
STREET ADDRESS **BYRON 8535, SUITE #19**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIA A. GALEANO

04/23/07

CR2E034 (10/02)

attachment

20040385

762000103994

DRIVER LICENSE CLASS E
Florida

The Sunshine State
LICENSE NUMBER
C600-781-56-457-0

SERGIO A CIERI
1586 NE 136TH STREET APT 439
NORTH MIAMI, FL 33161-0000

BIRTH DATE 12-17-66 SEX M HGT. REST. 6-06 ENDORSE
ISSUED 06-27-02 EXPIRES 12-17-08 DUPLICATE 00-00-00

ORGAN DONOR
SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law

