

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90107 036 ***150.00

DOCUMENT # P92000002410

1. Entity Name
GALATEA DESIGN, INC.



Principal Place of Business
**251 ROYAL PALM WAY
SIXTH FLOOR
PALM BEACH FL 33480**

Mailing Address
**12765 FOREST HILL BLVD., STE. 1302
WELLINGTON FL 33414
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
12765 Forest Hill Boulevard

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1302

City & State

City & State

Wellington, Florida

Zip

Country

Zip

Country

33414

US

4. FEI Number
65-0364931

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE MENDOZA, MARIO G III
MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY
PALM BEACH FL 33480**

Name

Marió G. de Mendoza, III, P.A.

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

12765 Forest Hill Boulevard, Suite 1302

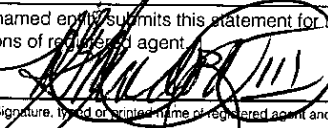
City

Wellington

FL

Zip Code
33414

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  **Mario G. de Mendoza, III, President** **01/15/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DE MENDOZA, MARIO G III**
STREET ADDRESS **251 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☒ Change ☐ Addition
NAME **de Mendoza, Mario G, III**
STREET ADDRESS **12765 Forest Hill Boulevard, Suite 1302**
CITY-ST-ZIP **Wellington, Florida 33414**

TITLE **ST** ☐ Delete
NAME **DEMENDOZA, MARIO G**
STREET ADDRESS **251 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **ST** ☒ Change ☐ Addition
NAME **de Mendoza, Mario G, III**
STREET ADDRESS **12765 Forest Hill Boulevard, Suite 1302**
CITY-ST-ZIP **Wellington, Florida 33414**

TITLE **P** ☐ Delete
NAME **KROEGER, BARBARA**
STREET ADDRESS **251 ROYAL PALM WAY, 6TH FLOOR**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **P** ☒ Change ☐ Addition
NAME **Kroeger, Barbara**
STREET ADDRESS **12765 Forest Hill Boulevard, Suite 1302**
CITY-ST-ZIP **Wellington, Florida 33414**

TITLE **VP** ☐ Delete
NAME **IRONS, CHESTER G**
STREET ADDRESS **251 ROYAL PALM WAY, STE 602**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **VP** ☒ Change ☐ Addition
NAME **Irons, G. Chester**
STREET ADDRESS **12765 Forest Hill Boulevard, Suite 1302**
CITY-ST-ZIP **Wellington, Florida 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:  **Barbara Kroeger, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2003 (561) 784-2930
Date Daytime Phone #

CR2E034 (10/02)