

# 2000 UNIFORM BUSINESS REPORT (UBR)

0244087

DOCUMENT # P93000014897

1. Entity Name

GALAXY REALTY INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 10 PM 1:17

Principal Place of Business

949 NE 125 ST  
NORTH MIAMI FL 33161  
US

Mailing Address

949 NE 125 ST  
NORTH MIAMI FL 33161-5741  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0400505

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

JONES, SABRINA WRIGHT  
949 N.E. 125TH STREET  
N. MIAMI FL 33161

Name

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

City

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.

SIGNATURE *Sabrina Wright-Jones*  
Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/30/00

5/8/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

FILE NOW!

After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME WRIGHT, JOHNNIE MAE  
STREET ADDRESS 510 NW 47 ST  
CITY-ST-ZIP MIAMI FL 33127

TITLE P ☐ Delete  
NAME JONES, SABRINA WRIGHT  
STREET ADDRESS 14320 NW 12TH AVE  
CITY-ST-ZIP MIAMI FL

TITLE VP ☒ Delete  
NAME JONES, THADDEUS D  
STREET ADDRESS 14320 N.W. 12TH AVENUE  
CITY-ST-ZIP MIAMI FL 33168

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400004316144-3  
CITY-ST-ZIP -05/24/01--01097--031  
\*\*\*\*908.75 \*\*\*\*908.75

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

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

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

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

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

13. 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 y signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Sabrina Wright-Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SABRINA WRIGHT JONES

Date

Daytime Phone #

9/30/00

305 895-3612

CR2EQ34 (9/99)