

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013178

1. Entity Name

GALA TRADING COMPANY

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90064 042 ***158.75

Principal Place of Business

7266 S.W. 48 STREET
SUITE 235
MIAMI FL 33155
US

Mailing Address

7266 S.W. 48 STREET
SUITE 235
MIAMI FL 33155-5525
US

LUU41000

2. Principal Place of Business

11832 SW 79 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip 33183

Country

US

3. Mailing Address

11832 SW 79 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33183

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0472389

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

BARROS, MARIA C
7266 S.W. 48TH STREET
SUITE 235
MIAMI FL 33155

Name

MARIA C. BARROS

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

11832 SW 79 TERRACE

City

MIAMI

FL

Zip Code

33183

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

MC Barros - MARIA C. BARROS

03/15/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
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 NAME STREET ADDRESS CITY - ST - ZIP	PTSD BARROS, MARIA C 7266 S.W. 48 STREET MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MC Barros - MARIA C. BARROS

Date

03/15/2000 (305) 412.2008

Daytime Phone #

CR2E034 (9/99)