

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90005 003 \*\*\*150.00

00002848



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P94000093379**

1. Entity Name  
**GALLEY GRILLE INC**

Principal Place of Business P.O. BOX 420081 SUMMERLAND KEY FL 33042	Mailing Address P.O. BOX 420081 SUMMERLAND KEY FL 33042
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>65-0554541</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> -- <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FEINBERG, DELORES**  
**24862 MM 25 US ONE HWY**  
**SUMMERLAND KEY FL 33042**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEINBERG, DOLORES</b>	NAME	
STREET ADDRESS	<b>28431 KINGSTON LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUMMERLAND KEY FL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEINBERG, RONALD</b>	NAME	
STREET ADDRESS	<b>28431 KINGSTON LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUMMERLAND KEY FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: Dolores M Feinberg  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-2001 305-745-3446  
 Date Daytime Phone #

CR2E034 (10/00)

