

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

DOCUMENT # P94000093379

1. Entity Name

GALLEY GRILLE INC

07-02-2002 90808 035 ***150.00

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

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0554541**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FEINBERG, DOLORES
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

Dolores Feinberg Dolores Feinberg

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

(NOTE: Registered Agent signature required when reinstating)

DATE

June 27 2002

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **P** ☐ Delete
 NAME **FEINBERG, DOLORES**
 STREET ADDRESS **28431 KINGSTON LANE**
 CITY-ST-ZIP **SUMMERLAND KEY FL**

TITLE **S** ☐ Delete
 NAME **FEINBERG, RONALD**
 STREET ADDRESS **28431 KINGSTON LANE**
 CITY-ST-ZIP **SUMMERLAND KEY FL**

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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 Feinberg Dolores Feinberg

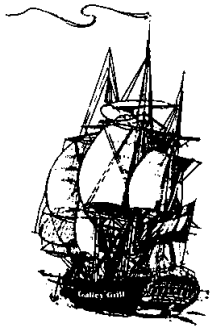
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/27/02 305-872-4026

Daytime Phone #

CR2E034 (9/01)

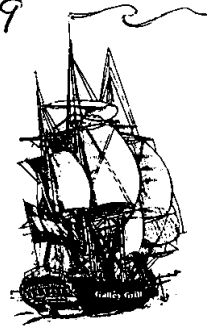


Attachment
p94000093379
119016
GALLEY GRILL

M.M. 25 • P.O. BOX 042081

Summerland Key, Florida 33042

Ph: (305) 745-3446 • Fax: (305) 872-4026/4481



To Whom IT MAY CONCERN

This document was just received.
I'm sorry, but The post office is
Responsible for This delay.

Sincerely

Dalene Fenberg