

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90184 005 \*\*\*150.00

DOCUMENT # P 95000088106

1. Entity Name

Galina's Import-Export, Inc. ✓

Principal Place of Business

Mailing Address

1923 N.E. 164 Street  
 N. Miami Beach, FL 33162

1923 N.E. 164 St.  
 N. Miami Beach  
 FL 33162

2. Principal Place of Business

3. Mailing Address

1923 N.E. 164 Street  
 Suite, Apt. #, etc.

1923 N.E. 164 Street  
 Suite, Apt. #, etc.

00030596

DO NOT WRITE IN THIS SPACE

City & State  
 N. Miami Beach, FL

City & State  
 N. Miami Beach, FL

4. FEI Number  
 65-0631110

Applied For  
 Not Applicable

Zip  
 33162

Country  
 none

Zip  
 33162

Country  
 none

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

Name  
 Nikolay Panin

Street Address (P.O. Box Numbers Not Acceptable)  
 1923 N.E. 164 Street

City  
 N. Miami Beach

FL

Zip Code  
 33162

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

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

(NOTE: Registered Agent signature required when reinstating)

02/24/00

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VTD  
 PANINA, GALINA  
 146 ROSALES COURT Coral Gables, FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VTD  
 NIKOLAY, PANIN  
 146 ROSALES CT  
 CORAL GABLES, FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VTD  
 PANINA, GALINA  
 1923 N.E. 164 Street  
 N. Miami Beach FL, 33162

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VTD  
 PANIN, NIKOLAY  
 1923 N.E. 164 Street  
 N. Miami Beach FL, 33162

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/00 / 305/949-10-08

Date

Daytime Phone #

CR2E034 (9/99)