

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057184

1. Entity Name

GALAXY GRILLE, INC.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90059 039 ***150.00

Principal Place of Business

Mailing Address

C/O MR. LOUIS COHEN, MOORE, CALER, DONTEN
505 S. FLAGLER DRIVE, SUITE 900
WEST PALM BEACH FL 33401

C/O MR. LOUIS COHEN, MOORE, CALER, DONTEN
505 S. FLAGLER DRIVE, SUITE 900
WEST PALM BEACH FL 33401-5948

00000012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0677514

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GILDAN, LAURIE L
777 S FLAGLER DRIVE
SUITE 310 EAST
WEST PALM BEACH FL 33401

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

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 D ☐ Delete
NAME CIMINELLA, MAURIZIO
STREET ADDRESS 121 BUNKER RANCCH ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☒ Change ☐ Addition
NAME 115 Westminster
STREET ADDRESS West Palm Beach, FL 33406
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GITTIS, HOWARD
STREET ADDRESS 505 S FLAGLER DRIVE, SUITE 900
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE D ☐ Delete
NAME KIMMEL, SIDNEY
STREET ADDRESS 200 VIA BELLARIA
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME 505 S Flagler Dr Ste 900
STREET ADDRESS West Palm Beach, FL 33401
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MANFRA, GLEN
STREET ADDRESS 115 DUNES EDGE ROAD
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Change ☐ Addition
NAME 288 S County Rd
STREET ADDRESS Palm Beach, FL 33480
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

833-9909

Daytime Phone #

CR2E034 (9/99)