

DOCUMENT # P96000067881

1. Entity Name

GALT OCEAN DRIVE HOTEL CORP.

FILED

00 APR 19 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



03/28/00-90067-019 \$141.25

Principal Place of Business		Mailing Address	
666 RUE SHERBROOKE ST WEST PENTHOUSE 2300 MONTREAL QUEBEC CANADA		666 RUE SHERBROOKE ST WEST PENTHOUSE 2300 MONTREAL QUEBEC CANADA	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0687453	Applied For	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PERLOFF, JOHN W
1177 SE THIRD AVENUE
FORT LAUDERDALE FL 33316

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	SOFER, JACK	<input type="checkbox"/> Delete	
STREET ADDRESS	666 RUE SHERBROOKE ST WEST		
CITY-ST-ZIP	MONTREAL QUEBEC CANADA		
D	YUVAL, MIKE	<input type="checkbox"/> Delete	
STREET ADDRESS	666 RUE SHERBROOKE ST WEST		
CITY-ST-ZIP	MONTREAL QUEBEC CANADA		
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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*****8.75 *****8.75

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

Mike Yuval January 17, 2000 (514) 845-6323

Date

Daytime Phone #