2001 UNIFORM BUSINESS REPORT (UBR). DOCUMENT # P96000096878 1. Entity Name GALLO'S, INC.

FILED Feb 01, 2001 8:00 am Secretary of State 02-01-2001 90132 012 ***150.00

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Principal Place of Business 1721 NE 447H ST. 50/ S.W. 1721 NE 447H ST. 60/ S.W. 1721 NE 447H ST. 50/ S.W. 1721 NE 447H ST. 50/ S.W. 1721 NE 447H ST. 50/ S.W.		Mailing Address 50/ 2731 NE 44TH ST 9/ 56 OCALA FL 34470 OCALA		.W. Place FL 34476	-				
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2. Principal P	lace of Business	3. Mailing Address			-				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	DO NOT WRITE	IN THIS S	SPACE	•
City & State		City & State		4. F	El Number 59-3430805		——	oplied For	
Zip	Country	Zip	Coun	itry	5. (Certificate of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		1		lame and Address of New Re			
				Name			9,010,017	tgo.n	
501	DONA, JAIRO W SW 91ST ST: PLACE LA FL 34474	·		Street Address.	(P.O. B	ox Number is Not Acceptable)	-		
				City			FL	Zip Code	θ
8. The above	named entity submits this statement for	or the purpose of changing	its register	ed office or registe	red ad	ent, or both, in the State of Flori	da.		
•• •••	Trained entity destrine the statement is	or the purpose of changing	i ito rogiatori	od omoo or rogidio	nou ug	orti, or boar, in the orate of thom	.		
SIGNATURE _									
SIGNATORIE _	Signature, typed or printed name of registered agent	t and title if applicable. (f	NOTE: Registere	d Agent signature require	d when re	instating)	DATE	·	
9 This corps	pration is eligible to satisfy its Intangible	EILE NO	WIII EEE	IS \$150.00				,	
	requirement and elects to do so.			will be \$550.00		10. Election Campaign Fina	-		May Be
_	ia on back)	Make Check Pa			ate	Trust Fund Contribution.		J Added	to Fees
11.	OFFICERS AND		12.			L	ERS AND	DIRECTORS	3 IN 11
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NAME .	CARDONA, JAIRO W		NAM	Į.					_
STREET ADDRESS	501 SW 91ST ST		STRE	ET ADDRESS					
CITY-ST-ZIP	OCALA FL 34474		CITY	-ST-ZIP					
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indicated on this report or suppliemental 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: JAIRO W CArdonA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR