

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 8:00 am**
Secretary of State

04-20-2001 90166 034 ***150.00

DOCUMENT # P97000030275

1. Entity Name

GO GALAXY TRADING, INC.

Principal Place of Business

**7281 N W 12TH STREET
MIAMI FL 33126
US**

Mailing Address

**12239 SW 250TH ST
HOMESTEAD FL 33002
US**

2. Principal Place of Business

2101 N.W 84 AVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL 33122

City & State

Zip

Country

USA

Zip

Country

4. FEI Number **65-0348787**

Applied For

Not Applicable

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

**ELISABETH, JOSUE
844 SW 1ST STREET
MIAMI FL 33130**

Name

ELISABETH JOSUE

Street Address (P.O. Box Number is Not Acceptable)

12239 S.W 250 St.

City

MIAMI

FL

Zip Code

33032

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, 2001 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	PTD	<input type="checkbox"/> Delete
NAME	JOSUE, ELISABETH	
STREET ADDRESS	844 SW 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33130	

TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSUE ELISABETH.	
STREET ADDRESS	12239 S.W 250 St.	
CITY-ST-ZIP	PRINCETON FL 33032	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSUE ELISABETH

Date

4/08/01

Daytime Phone #

305 592 6866

CR2E034 (10/00)