

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90018 005 ***150.00

DOCUMENT # P97000048046

1. Entity Name
GALVAO & ARROYO ASSOCIATES, INC.

Principal Place of Business
610 S.W. 68 Terr.
PENNAROCK PINES, FL. 33023

Mailing Address
610 SW 68 Terr.
PENNAROCK PINES, FL. 33023

2. Principal Place of Business
7190 SW 14 ST.
Suite, Apt. #, etc.

3. Mailing Address
7190 SW 14 ST.
Suite, Apt. #, etc.

City & State
PENNAROCK PINES, FL.

City & State
PENNAROCK PINES, FL.

Zip
33023

Country
USA

Zip
33023

Country
USA

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Expires ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Amy Mehmood
610 SW 68 TERRACE
PENNAROCK PINES, FL. 33023

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 _____ DATE _____

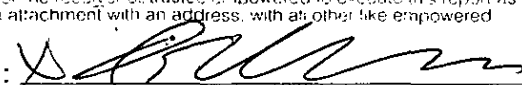
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Can to go 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	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	UILLAMAR JR, HECTOR		STREET ADDRESS		
CITY-STATE-ZIP	122 MINORCA AVE		CITY-STATE-ZIP		
	CORAL GABLES, FL. 33134				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	D/UP GALVAO, ANTONIO N.		STREET ADDRESS		
CITY-STATE-ZIP	3901 N.W. 145 ST. #147		CITY-STATE-ZIP		
	APT LOCKA, FL. 33054				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	ARROYO, JOSE L.		STREET ADDRESS		
CITY-STATE-ZIP	3901 N.W. 145 ST. #147		CITY-STATE-ZIP		
	APT LOCKA, FL. 33054				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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

4-6-00 954 893-9446