2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055611

THE GALLEY PUB, INC.

Principal Place of Business	· Mailing Address	
9821 S.W. 184TH STREET MIAMI FL 33065	9821 S.W. 184TH STREET MIAMI FL 33157-6934	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Mar 01, 2000 8:00 am Secretary of State 03-01-2000 90091 043 ***150.00

68697486



DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP										
Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required See Required	City & State	e	City & State		4. FE	I Number 59-3500	204	<u> </u>	·	
6. Name and Address of Current Registered Agent 1. Name LUNDY, DENISE M 1841 S.W. 92ND PLACE MIAMI FL 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 Fior da. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Task filing requirement and elects to do so. (Soe criteria on back) Task filing requirement and elects to do so. (Soe criteria on back) TILE PD COTY FL Zip Code FL Zip Code After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State TILE NAME SITERI ADDRESS CITY-ST-2P TILE VD LUNDY, DENISE M 111. OFFICERS AND DIRECTORS TILE NAME SITERI ADDRESS CITY-ST-2P Delete SITERI ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P	Tip Country 7in		Zin T	Country	+					
LUNDY, DENISE M 18441 S.W. 92ND PLACE MIAMI FL City FL Zip Code 8. The above named entity submits this statement for the purcoss of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SUMMER, Spead or printed nems of registered agent and late it applicable. (NOTE, Registered Agent, property of the purcoss of changing its registered office or registered agent, or both, in the State of Florida. 9. This corporation is eligible to satisfy its Intangible Tax tiling requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME SITEET ADDIESS OF STREET ADDIESS OFFI AGE STREET ADDIESS OF STREET ADDIESS OF STREET ADDIESS OF STREET ADDIESS OFFI AGE	ZiP	Country	Zip	Codnicy	5. Ce	ertificate of Status Desired				
LUNDY, DENISE M 18441 S.W. 92ND PLACE MIAMI FL 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 agent, or both, in the State of Florida. SiGNATURE Signature, hipset or printed name of registered agent and stell if applicable. NOTE. Registered Agent signature required when remaining P. This corporation is elligible to satisfy its Intalagible Tast filling requirement and elects to do so. (See criteria on back) This production and elects to do so. (See criteria on back) This production and elects to do so. (See criteria on back) This production and the		6. Name and Address of Current Re	gistered Agent		7. Na	ame and Address of Nev	Registered A	gent		
18441 S.W. 92ND PLACE MIAMI F.L 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 Supatare, types or printed name of registered agent and tile 1 applicable. (INDTE. Pregistered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Initiangible Tax tiling requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT IN THE MAKE STREET ADDRESS CITY-ST-2P CORAL SPRINGS FL 33065 TILE VD LUNDY, DENISE M SIRET ADDRESS CITY-ST-2P TILE UNAME SIRET ADDRESS CITY-ST-2P TILE MAME SIRET ADDRESS CITY-ST-2P CORAL SPRINGS CITY-ST-2P CORAL SPRINGS CITY-ST-2P CORAL SPRINGS CITY-ST-2P COR				Name						
## 1844 1 S.W. 92ND PLACE MIAMI FL City	LUN	DY, DENISE M		Street Address	(PO Box	x Number is Not Accepta	ble)			
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 stell applicable. (NOTE Pregistered Agent Signature required when remittating) DATE	1844	11 S.W. 92ND PLACE		Olicot Address	Street Address (P.O. Box Number is Not Acceptable)					
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 jurisde name of registered agent and stell if applicable. (NOTE, Registered Agent signature required when re-instance) DATE	MIAN	MI FL								
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 till of applicable. (NOTE Registered Agent signature required when remissance) Possible				City	-			Zip Cod	e	
SIGNATURE Signature-typed or preted name of registered agent and sile if applicable. (NOTE Registered Agent signature required when rematating). 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back).								<u>_l_i</u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) SFILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PD	8. The above	named entity submits this statement for th	e purpose of changing its i	registered office or regist	ered ager	nt, or both, in the State of	Florida.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) SFILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PD										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-57-ZP TITLE VD TITLE NAME STREET ADDRESS CITY-57-ZP Change Addition Change Chadden Change Change Change Change Change Change Change Change Cha	SIGNATURE.									
Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11.		Signature, typed or printed name of registered agent and	title if applicable. (NOTE	Registered Agent signature requir	red when rein:	stating)	DATE —————			
Tax flung requirement and elects to do so. Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11 TITLE PD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE CITY-ST-ZIP CHANGE CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP CHANGE CHAN	9. This corpo	oration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$150.00		10 Election Campaign	Financino	\$5.0	n u _{mu} po	
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE NAME STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 TITLE VD Delete STREET ADDRESS CITY-ST-ZIP VD Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRES	,	·	,	· ·	,			J Added	to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	(See criter	ria on back)	Make Check Payab	le to Department of S						
NAME STREET ADDRESS CITY-ST-ZIP OPENINGS FL 33065 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	11.		RECTORS	12.	ADD	ITIONS/CHANGES TO C	FFICERS AND			
STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP LUNDY, DENISE M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE	• =	☐ Delete	TITLE				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										
TITLE NAME LUNDY, DENISE M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP									
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE	ł '-	☐ Delete					_ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	1									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		MIAM) FL 33157						Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	1		Oelete					Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addi NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addi NAME NAME NAME NAME STREET ADDRESS . . STREET ADDRESS .<	1									
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	1			i .						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME Delete TITLE NAME STREET ADDRESS				TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			□ Delete	■ 1						
TITLE IDelete TITLE Change Add: NAME STREET ADDRESS STREET ADDRESS Change Add: STREET ADDRESS	1									
NAME STREET ADDRESS NAME STREET ADDRESS	i			CITY-ST-ZIP						
NAME ' STREET ADDRESS	TITLE		☐ Delete	TITLE		<u> </u>		☐ Change	Addition	
				NAME						
City-st-zip City-st-zip	STREET ADDRESS		• •	•						
	CITY-ST-ZIP			CITY-ST-ZIP						
TITLE Delete TITLE Change Addi	TITLE		☐ Delete	TITLE		<u>-</u>		☐ Change	Addition	
NAME - NAME	NAME		•							
STREET ADDRESS STREET ADDRESS				a .						
CITY-ST-ZIP CITY-ST-ZIP	L CITY-ST-7IP									
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 direct										

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.



Daytime Phone #