

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P970G0082498**

1. Entity Name  
**GALATEA CORPORATION**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90355 033 \*\*\*150.00

Principal Place of Business

**505 S.W. 19TH STREET  
FT. LAUDERDALE FL 33315**

Mailing Address

**2400 WEST CYPRESS CREEK RD  
SUITE 100  
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0796665**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHUECOS, ALBERTO A  
2400 W CYPRESS CREEK RD #100  
FORT LAUDERDALE FL 33309**

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, 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

TITLE **PD** ☐ Delete  
NAME **CHUECOS MARRERO, ALBERTO**  
STREET ADDRESS **505 SW 19TH ST**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **S** ☐ Delete  
NAME **CHUECOS, LO MAE LAI**  
STREET ADDRESS **505 SW 19TH ST**  
CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SAME - PD** ☒ Change ☐ Addition  
NAME **CHUECOS, ALBERTO A.**  
STREET ADDRESS **4910 GLENN PINE LANE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **SAME - S** ☒ Change ☐ Addition  
NAME **CHUECOS, LO-MAE LAI**  
STREET ADDRESS **4910 GLENN PINE LANE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Alberto Chuecos**

**04/16/01 954-229 7210**

Date

Daytime Phone #

CR2E034 (10/00)