

# 2000 UNIFORM BUSINESS REPORT (UBR)

01650

DOCUMENT # P97000083764

1. Entity Name

GALAXY MARKETING, INC.

FILED

00 MAR 10 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5760 LAKESIDE DR N. #208  
MARGATE FL 33063

Mailing Address

5760 LAKESIDE DR N. #208  
MARGATE FL 33063-1402

2. Principal Place of Business

7300 W. McNab Rd 112

3. Mailing Address

7300 W. McNab Rd

Suite, Apt. #, etc.

112

Suite, Apt. #, etc.

112

City & State

Tamagac

City & State

Tamagac

Zip

FL

Country

Broward

Zip

FL

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0784696

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALI, SABUHI S  
5760 LAKESIDE DR N, #208  
MARGATE FL 33063

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, 2000 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	D/Pres	<input type="checkbox"/> Delete
NAME	ALI, SABUHI S	
STREET ADDRESS	5760 LAKESIDE DR N, #208	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABUHI S. ALI	
STREET ADDRESS	4026 Crescent Creek St # 112	
CITY-ST-ZIP	Coconut Creek FL 33073	
TITLE	D/SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALI, SABUHI	
STREET ADDRESS	4026 Crescent Creek St # 112	
CITY-ST-ZIP	Coconut Creek FL 33073	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASIR, MUHAMMAD	
STREET ADDRESS	5150 NE 6 Ave 132	
CITY-ST-ZIP	Oakland Park FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-00

CR2E034 (9/99)