"AMENDED"

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 17 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p 97000083764

1. Entity Name
GALAXY MARKETING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7300 W. McNAB RD.	7300 W. McNAB RD.
Suite, Apt. #, etc. SUITE 113	Suite, Apt. #, etc. SUITE 113
City & State TAMARC, FL.	City & State TAMARAC, FL.
Zip 33321 Country U.S.A.	Zip 33321 Country U.S.A.

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

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7. Name and Address of Current Registered Agent

Name SUBUHI S. ALI

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

4026 Crescent Creek Street

City COCONUT CREEK FL Zip Code 33073

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	V/D
NAME	SYED M. ALI
STREET ADDRESS	7300 W. McNAB RD., STE.113
CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE	S/D
NAME	IRFAN DAR
STREET ADDRESS	7300 W. McNAB RD., STE.113
CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE	P/D
NAME	MOHAMMED NASIR
STREET ADDRESS	7300 W. McNAB RD., STE.113
CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10-9-02 (954) 401-3090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

IRFAN DAR