

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90015 006 ***150.00

DOCUMENT # P97000105045

1. Entity Name

THE GALERA COMPANIES, INC.

Principal Place of Business

15025 COCONUT AVENUE
 MIAMI LAKES FL 33014

Mailing Address

15476 NW 77TH CT. STE 170
 MIAMI LAKES FL 33016

2. Principal Place of Business

6070 W. 19th AVE
 Suite, Apt. #, etc. SUITE 310
 City & State HIALEAH, FL
 Zip 33012 Country US

3. Mailing Address

15476 NW 77th CT
 Suite, Apt. #, etc. STE. 170
 City & State MIAMI LAKES, FL
 Zip 33016 Country U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0927344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALERA, RENE L
 15476 NW 77TH CT, STE. 170
 MIAMI LAKES FL 33016

Name NONE / SAME AS OLD

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete
 NAME GALERA, RENE L
 STREET ADDRESS 15025 COCONUT AVENUE
 CITY-ST-ZIP MIAMI LAKES FL 33014

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

TITLE ☐ Delete
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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)