

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91348 009 ***150.00

DOCUMENT # *P98000005480*

1. Entity Name
Galvez & Goicoechea Sales, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10771 SW 67 DR

3. Mailing Address
10771 SW 67 DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIA, FL

City & State
Miami FL

Zip
33173

Country
US

Zip
33173

Country
US

DO NOT WRITE IN THIS SPACE

65-0811011

4. FEI Number

P98000005480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
JORGE GALVEZ

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

10771 SW 67 DR

City
MIA FL

FL

Zip Code
33173

**DO NOT WRITE
IN THIS SPACE**

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)



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
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Treasurer
Jorge Galvez
10771 SW 67 DR
Miami FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice Pres / Secretary
MARIA GALVEZ
10771 SW 67 DR
MIA FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

CR2E034B (12/01)

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: *Jorge Galvez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)
5/6/02 279-8677
Date Daytime Phone #