

2001 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000011817

GALT MILE SALON, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 20 PM 4:05

Principal Place of Business **Mailing Address**
3413 GALT OCEAN DRIVE
FORT LAUDERDALE, FL 33308

2. Principal Place of Business **3. Mailing Address**
3413 GALT OCEAN DRIVE 3413 GALT OCEAN DRIVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**
FORT LAUDERDALE, FL FORT LAUDERDALE
Zip **Country** **Zip** **Country**
33308 USA FL USA

4. FEI Number **Applied For**
65-0814364 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
☒ ☐

6. Name and Address of Current Registered Agent

DAVID E. BUCK
2900 E. OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33306

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 **REGISTERED AGENT** **DATE**
8/14/2001

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

TITLE	D/P/T	<input type="checkbox"/> Delete
NAME	LUCESI, PLACIDA J	
STREET ADDRESS	3233 NE 34TH STREET #604	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D/V/S	<input type="checkbox"/> Delete
NAME	ALVY, MARIA	
STREET ADDRESS	777 SOUTH FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
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 type="checkbox"/> Addition
NAME	500004548865--2	
STREET ADDRESS	-08/22/01--01056--009	
CITY-ST-ZIP	****308.75 ****308.75	
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		
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: Placida Lucesi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PLACIDA LUCESI

8/14/2001 (954) 564-6419
Date Daytime Phone #

CR2E034 (9/99)

Galt Mile Salon, Inc.
3413 Galt Ocean Drive
Fort Lauderdale, FL 33308

August 14, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Galt Mile Salon, Inc. (P98000011817) Annual Report

Dear Sir or Madam,

We have determined through a search of the internet that our corporation is inactive due to non-receipt of our annual report forms. We have no record of receiving this form for this year or last year. Therefore, we have enclosed a check payable to the Department of State in the amount of \$308.75, representing the annual fee of \$150.00 for 2000 and 2001, and for the certificate of status fee of \$8.75.

Please accept our report and our payment as payment in full as we have no record of receiving any reports from your office. Thank you for your consideration and cooperation in this matter.

Very Truly Yours,

Placida J. Luchesi

Placida J. Luchesi, President