

# 2005 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011817

1. Entity Name

GALT MILE SALON, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3413 GALT OCEAN DRIVE  
Suite, Apt. #, etc.

3. Mailing Address

3413 GALT OCEAN DRIVE  
Suite, Apt. #, etc.

City & State

Ft LAUDERDALE FL  
Zip 33308 Country USA

City & State

Ft LAUDERDALE FL  
Zip 33308 Country USA

REINSTATEMENT 03-05

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0814364

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVID E. BUCK, CPA  
2900 EAST 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

Signature, typed or printed name of registered agent and title if applicable

DAVID E. BUCK REGISTERED AGENT 3/11/2005

(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 NAME STREET ADDRESS CITY-ST-ZIP  
DIP/IT PLACIDA LUCHESI 3233 NE 34TH STREET #604 FORT LAUDERDALE, FL 33308 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DIVIS MARIA ALVY 777 SOUTH FEDERAL HIGHWAY PUMPAO BEACH, FL 33862 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition  
600048981710 03/23/05--01008--002 \*\*\*450.00

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

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

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

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:

PAT LUCHESI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 3/11/2005 954 564 6419

Date

Daytime Phone #

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

March 11, 2005

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 form. We have no record of receiving this form. Therefore, we have enclosed a check payable to the Department of State in the amount of \$450.00, representing the annual fee of \$150.00 for 2003, the annual fee of \$150.00 for 2004, and the annual fee of \$150.00 for 2005.

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

Very Truly Yours,

*Placida J. Luchesi*

Placida J. Luchesi, President