

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 07, 2000 8:00 am**
Secretary of State

05-07-2000 90028 022 ***150.00

DOCUMENT # P98000054906

1. Entity Name

GALAHAD INVESTMENTS CORPORATION

Principal Place of Business

C/O ROTH & ROUSSO, P.A.
2875 N.E. 191 ST., PH3A
AVENTURA FL 33180

Mailing Address

C/O ROTH & ROUSSO, P.A.
2875 N.E. 191 ST., PH3A
AVENTURA FL 33180-2841

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0846320

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROUSSO, MARK
C/O ROTH & ROUSSO, P.A.
2875 N.E. 191 ST., PH3A
AVENTURA FL 33180

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.

(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 State10. 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 **PTSD** ☐ Delete
NAME **ALONSO, MIGUEL ANGEL**
STREET ADDRESS **VICTOR HUGO 5266 VILLA BOSCH CP 1682**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ALONSO, JOSE LUIS**
STREET ADDRESS **VICTOR HUGO 5266 VILLA BOSCH CP 1682**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ROGUERO, MARIA**
STREET ADDRESS **VICTOR HUGO 5266 VILLA BOSCH CP 1682**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ALONSO, PEDRO**
STREET ADDRESS **VICTOR HUGO 5266 VILLA BOSCH CP 1682**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☐ Delete
NAME **ANGEL ALONSO, MIGUEL**
STREET ADDRESS **VICTOR HUGO 5266 VILLA BOSCH CP 1682**
CITY-ST-ZIP **BUENOS AIRES, ARGENTINA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

3054600022

Daytime Phone #