

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000066049**

1. Entity Name

*Galmar International, Inc.*

Principal Place of Business

Mailing Address

2110 N.W. 18th Ave  
Miami, FL 33142

*Sevme*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8/31/01 90112 033 - 150.00  
DO NOT WRITE IN THIS SPACE  
4. FEI Number **65-0867471**

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

*Gabriel Llano*  
2110 N.W. 18th Ave  
Miami, FL 33142

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 *Gabriel Llano*

(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

☐ Delete

*Gabriel Llano*  
2110 N.W. 18th Ave  
Miami FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

*Gabriel Llano*

FILED

01 SEP 25 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Rg/ed 2*

CP2503/11/00

Attachment  
# 29800006049  
A0083168

2020

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation GALOMAR INTERNATIONALS, INC.

Thank you for your courtesy in this matter.

  
GABRIEL LLANO  
PRESIDENT