

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90044 006 ***150.00

DOCUMENT # P98000069058

1. Entity Name

GALLIUM INCORPORATED

Principal Place of Business

Mailing Address

318 INDIAN TRACE
SUITE 304
WESTON FL 33326
US

318 INDIAN TRACE
SUITE 304
WESTON FL 33326
US

2. Principal Place of Business

1290 Weston Road

3. Mailing Address

1290 Weston Road

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

City & State

Weston

City & State

Weston

Zip

33326

Country

Zip

33326

Country

4. FEI Number

65-0855860

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

MARIA A - DIAZ

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

1290 Weston Road Suite 210

City

Weston

FL

Zip Code

33326

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

Maria A. Diaz - President

04/25/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------|---------------------------------|
| TITLE | PSTD | <input type="checkbox"/> Delete |
| NAME | DIAZ, MARIA A | |
| STREET ADDRESS | 318 INDIAN TRACE | |
| CITY-ST-ZIP | WESTON FL 33326 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JORGE E. FERNANDEZ | |
| STREET ADDRESS | 318 Indian trace suite 304 | |
| CITY-ST-ZIP | Weston, FL 33326 | |
| 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 | | |
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| 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:

Maria A. Diaz - MARIA A. DIAZ - President 04/25/01 954-657-8835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)