

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000074897**

1. Entity Name

**GALLERIA DELLA MODA CORPORATION**

FILED

00 OCT 16 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

525 SOUTH FLAGLER DRIVE APT. 10A  
WEST PALM BEACH FL 33401525 SOUTH FLAGLER DRIVE APT. 10A  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-0858251

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

**SACKS, DUSICA  
525 S. FLAGLER DRIVE  
APARTMENT 10A  
WEST PALM BEACH FL 33401**

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 re-registering)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME **D**  
STREET ADDRESS **SACKS, DUSICA**  
CITY-ST-ZIP **525 SOUTH FLAGLER DRIVE APT. 10A**  
**WEST PALM BEACH FL 33401**TITLE ☐ Change ☐ \*\*\*  
NAME  
STREET ADDRESS **400003459474**  
CITY-ST-ZIP **-11/03/00-01105-009**  
**\*\*\*\*150.00 \*\*\*\*150.00**TITLE ☐ Delete  
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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 I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day(s) Month Year

— Please Do Not Detach —

# Dorra Shaw & Dugan

Certified Public Accountants

August 28, 2000

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Re: Annual Report

Ladies and Gentlemen:


Our client received a late notice that they had not filed their annual report. The report in question is the following:

<u>Name</u>	<u>DOC #</u>	<u>Amount</u>
Galleria Della Moda Corp.	P 98000074897	\$ 150.00

The report was filed and mailed on April 24, 2000. Pursuant to a conversation and instructions from one of your staff members, our client is resubmitting a copy of the report filed and issuing a new check.

We appreciate your assistance in correcting this problem since the report was filed prior to May 1, 2000.

Sincerely,



Ariel J. Dorra