

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90144 008 \*\*\*150.00

DOCUMENT # P98000089235

1. Entity Name

~~GMB ASSOCIATES, INC.~~

**GALLEON MERCHANT BANKING, INC.**

Principal Place of Business

Mailing Address

~~4001 NW 17TH WAY SUITE 401  
 FT LAUDERDALE FL 33443~~

1725 PALM COVE BLVD #307  
 DELRAY BEACH FL 33445-6774

**1451 W. CYPRESS CREEK RD., SUITE 300  
 FORT LAUDERDALE, FL 33309**

2. Principal Place of Business

3. Mailing Address

1451 West Cypress Creek Rd.

1451 West Cypress Creek Rd.

Suite, Apt. #, etc.  
 Suite 300

Suite, Apt. #, etc.  
 Suite 300

City & State

Ft. Lauderdale, Florida

City & State

Ft. Lauderdale, Florida

4. FEI Number

65-0868628

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

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

**NATALE, NICHOLAS A  
 1725 PALM COVE BLVD #307  
 DELRAY BEACH FL 33445**

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 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 **NATALE, NICHOLAS A**  
 CITY-ST-ZIP **1725 PALM COVE BLVD #307  
 DELRAY BEACH FL 33445**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  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:

*Nicholas A. Natale*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NICHOLAS A. NATALE**  
**PRESIDENT**

*January 20, 2000 (954) 928-2822*  
 Date Day Phone #

CR2FC34 (9/99)