

2000 UNIFORM BUSINESS REPORT (UBR)

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

Zip Country
33309 USA

Zip Country
33309 USA

4. FEI Number **65-0868628**

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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	NATALE, NICHOLAS A	1725 PALM COVE BLVD #307	DELRAY BEACH FL 33445							
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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
NICHOLAS A. NATALE
PRESIDENT

Date

Day Phone #

January 20, 2000 (954) 928-2822

CR2F034 (9/99)