

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90267 017 \*\*\*150.00

DOCUMENT # P98000089235

1. Entity Name

GALLEON MERCHANT BANKING, INC.

Principal Place of Business

Mailing Address

4901 NW 17TH WAY

SAME

SUITE 403

FORT LAUDERDALE, FL 33309

C0052984

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4901 NW 17TH WAY

4901 NW 17TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 403

SUITE 403

City & State

City & State

FORT LAUDERDALE, FL

FORT LAUDERDALE, FL

Zip

Zip

33309

Country

USA

33309

Country

USA

4. FEI Number

65-086862B

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

NICHOLAS A. NATALE

3215 NW 10TH PLACE

DELRAY BEACH, FL 33445

Name

NICHOLAS A. NATALE

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

3215 NW 10TH PLACE

City

DELRAY BEACH

FL

Zip Code

33445

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 NICHOLAS A. NATALE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-2001

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 PRESIDENT  
NAME NICHOLAS A. NATALE  
STREET ADDRESS 3215 NW 10TH PLACE  
CITY-ST-ZIP DELRAY BEACH, FL 33445

☐ Delete

TITLE SECRETARY  
NAME CHARLES M. WILNER  
STREET ADDRESS 116 LAKE EMERALD DRIVE #109  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE PRESIDENT  
NAME NICHOLAS A. NATALE  
STREET ADDRESS 3215 NW 10TH PLACE  
CITY-ST-ZIP DELRAY BEACH, FL 33445

☒ Change ☐ Addition

TITLE SECRETARY  
NAME CHARLES M. WILNER  
STREET ADDRESS 116 LAKE EMERALD DRIVE  
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☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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

DATE

4-3-01 (954) 489-1616

Daytime Phone #

CR2E034 (11/00)