

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90213 049 ***150.00

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DOCUMENT # P98000089235

1. Entity Name

GALLEON MERCHANT BANKING, INC.



Principal Place of Business

4901 NW 17TH WAY

SUITE 403

FORT LAUDERDALE FL 33309

Mailing Address

4901 NW 17TH WAY

SUITE 403

FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0868628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRELL, JAMES M

12315 NW 49TH STREET

CORAL SPRINGS FL 33076

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
ALLEN, JOHN D ☒ Delete
4935 EGRET CT
COCONUT CREEK FL 33073

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S ☐ Delete
MORRELL, JAMES M
12315 NW 49TH STREET
CORAL SPRINGS FL 33076

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR ☒ Change ☐ Addition
MORRELL, JAMES M
12315 NW 49TH STREET
CORAL SPRINGS, FL 33076

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

Daytime Phone #

CR2E034 (10/02)