

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000097815

Entity Name: GALAXY EXPANDS, INC.

FILED  
Jan 22, 2003  
Secretary of State

## Current Principal Place of Business:

7620 NW 186 ST  
MIAMI, FL 33015 US

## New Principal Place of Business:

## Current Mailing Address:

7620 NW 186 ST  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 65-0877036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MELLACHERUVU, HARITHA  
730 SW 190 AVENUE  
PEMBROKE PINES, FL 33029 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MELLACHERUVU, HARITHA  
Address: 730 SW 190 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VSTD ( ) Delete  
Name: CHITEPU, RAVIKANTH R  
Address: 19010 SW 10 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DVST (X) Delete  
Name: CHITEPU, RAVIKANTH R  
Address: 1146 SW 123 AVE  
City-St-Zip: HOLLYWOOD, FL 33025

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MELLACHERUVU, HARITHA  
Address: 730 SW 190 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VSTD (X) Change ( ) Addition  
Name: CHITEPU, ARUNA R  
Address: 19010 SW 10TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARITHA MELLACHERUVU

DP

01/22/2003

Electronic Signature of Signing Officer or Director

Date