

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90203 019 ***150.00

DOCUMENT # P98000099453



1. Entity Name
GALIANA AND COMPANY, INC.

Principal Place of Business

~~4765 W. 8TH AVENUE~~
~~HIALEAH FL 33012~~

Mailing Address

P.O. BOX 28207
HIALEAH FL 32012-1207

2. Principal Place of Business

14100 NW 77th CT.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 100

City & State

Miami Lakes, FL.

4. FEI Number

65-0874350

Applied For

Not Applicable

Zip

Country

33016

Zip

Country

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

~~GALIANA, THOMAS R~~
~~4765 W. 8TH AVENUE~~
~~HIALEAH FL 33012~~

Name

Tomas R. Galiana

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

14100 NW 77th CT.

City

Miami Lakes

FL

Zip Code
33016

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)

1-21-03

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
D
GALIANA, THOMAS R
PO BOX 28207
HIALEAH FL 33002-1207

☐ Delete

TITLE
NAME
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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: Tomas R. Galiana, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

Daytime Phone #

CR2E034 (10/02)