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02 OCT 24 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104980

1. Entity Name

GALITZ FAMILY HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2800 Williams Island Blvd.	2800 Williams Island Blvd.
Suite, Apt. #, etc. #1804	Suite, Apt. #, etc. #1804
City & State Aventura, FL	City & State Aventura, FL
Zip 33160 Country U.S.A.	Zip 33160 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0882075 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ziskind & Arvin, P.A.

Street Address (P.O. Box Number is Not Acceptable): 3059 Grand Avenue - Suite 300

City: Miami FL Zip Code: 33133

8. The above named entity submits this ... to do ... registered office or registered agent, or both, in the State of Florida

SIGNATURE: _____ DATE

(NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

Filing Fee $150.00
Late Fee $500.00
Amended UBR $61.25
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

TITLE	D,P
NAME	Richard Galitz, M.D.
STREET ADDRESS	9400 E. Broadview Drive
CITY-ST-ZIP	Bay Harbor Islands, FL 33154
TITLE	D,T
NAME	Jeffrey Galitz, M.D., D.P.M.
STREET ADDRESS	210 S. Federal Highway Suite 401
CITY-ST-ZIP	Hollywood, FL 33020
TITLE	D,S
NAME	Lawrence Galitz, M.D.
STREET ADDRESS	3215 NE 184th Street Apt. 14107
CITY-ST-ZIP	Aventura, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 10/8/02 305-935-4653

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard Galitz/President

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

CORPORATION REINSTATEMENT

GALITZ FAMILY HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00