

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90078 030 ***150.00

DOCUMENT # P98000104980

1. Entity Name
GALITZ FAMILY HOLDINGS, INC.



Principal Place of Business
2800 WILLIAMS ISLAND BLVD #1804
AVENTURA FL 33160
US

Mailing Address
2800 WILLIAMS ISLAND BLVD #1804
AVENTURA FL 33160
US

2. Principal Place of Business

3. Mailing Address

9400 E. Broadview Dr
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bay Harbor Island, FL

City & State

Zip
33154

Country
USA

Zip

Country

4. FEI Number
65-0882075

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

ZISKIND & ARVIN, P.A.
3059 GRAND AVE - SUITE 300
MIAMI FL 33133

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DP ☐ **Delete**
NAME
GALITZ, RICHARD M.D.
STREET ADDRESS
9400 E. BROADVIEW DRIVE
CITY-ST-ZIP
BAY HARBOR ISLANDS FL 33154

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

TITLE ☐ **Delete**
NAME
DT
GALITZ, JEFFREY MD DPM
STREET ADDRESS
210 S. FEDERAL HIGHWAY, SUITE 401
CITY-ST-ZIP
HOLLYWOOD FL 33020

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

TITLE ☐ **Delete**
NAME
DS
GALITZ, LAWRENCE MD
STREET ADDRESS
3215 NE 184TH STREET, APT. 14107
CITY-ST-ZIP
AVENTURA FL 33160

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/03/03

Date

305 935 4655

Daytime Phone #

CR2E034 (10/02)