

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90619 048 \*\*\*150.00

<b>DOCUMENT #</b> P98000108109	
1. Entity Name <b>GALIANO INVESTMENTS, INC.</b>	

Principal Place of Business <b>2699 COLLINS AVENUE SUITE 120 MIAMI BEACH FL 33140</b>	Mailing Address <b>2699 COLLINS AVENUE SUITE 120 MIAMI BEACH FL 33140</b>
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2. Principal Place of Business <b>333 Arthur Godfrey Road</b> Suite, Apt. #, etc. <b>722</b>	3. Mailing Address <b>333 Arthur Godfrey Road</b> Suite, Apt. #, etc. <b>722</b>
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☐ CHECK HERE IF MAKING CHANGES

City & State <b>Miami Beach, FL</b>	City & State <b>Miami Beach, FL</b>	4. FEI Number <b>65-0908579</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33140</b>	Country <b>U.S.A.</b>	Zip <b>33140</b>	Country <b>U.S.A.</b>

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

6. Name and Address of Current Registered Agent <b>SKRLD, INC. 201 ALAHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD URIBARRI, JUAN CARLOS 2699 COLLINS AVENUE SUITE 120 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16917 N.W. 83rd Pl. Miami Lakes, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEGRIN, MARIA E 2699 COLLINS AVENUE SUITE 120 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5333 Collins Ave. No. 1406 Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD URIBARRI, MAGALI 2699 COLLINS AVENUE SUITE 120 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5333 Collins Ave. No. 1408 Miami Beach, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE MARIA ELENA NEGRIN PRES. 04-03-03 - 305-672-3322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)