## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

SIGNATURE:

P99000006092

1. Entity Name

GALILEE FASHION INC.



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90100 017 \*\*\*150.00

Principal Place of Business 1113 NW 131 AVE PEMBROKE PINES FL 33028		2773 N.	Mailing Address 2773 N.W. 5 AVE MIAMI FL 33127							
. Principal Pla	ice of Business	3. Mailin	3. Mailing Address					<b>       </b>	B  #  #  #   #	
Suite, Apt. #	, etc.	Suite,	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City &	City & State				4. FEI Number 65-0888909 Applied For Not Applicable			
Zip Country		Zip	·		Country		Certificate of Status Desired	\$8.75 Add	ditional	
							7. Name and Address of New Registered Agent			
	6. Name and Address	of Current Registered	Agent		Name	7				
LEE COOK IIII						1 NA A Indiana				
LEE, SOOI			Street Address			(P.O. Box Number is Not Acceptable)				
	131 AVENUE	•			<del> </del>			<u></u>		
PEMBROK	E PINES FL 33028							Zip Cod	e	
					City		F	┗╴╎╶╵		
8. The above the obligation	named entity submits this sons of registered agent.	statement for the purpor	se of changing its	register	ed office or regis	tered age	ent, or both, in the State of Florida. I ar	n tamiliar with,	and accept	
SIGNATURE _	Signature, typed or printed name of r	egistered agent and title if applic	able. (NOT	E: Registere	d Agent signature requ	ired when re	einstating) DATE			
After	LE NOW!!! FEE IS \$ May 1, 2003 Fee will b Payable to Florida Dep	e \$550.00					Election Campaign Financing     Trust Fund Contribution.	Adde	00 May Be d to Fees	
		ICERS AND DIRECTOR	<u> </u>	11.		AD	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE	PSTD	102.10 / 11.10 - 11.12 - 11.12	☐ Delete	TITE	E			Change	☐ Addition	
NAME	LEE, SOON HUI			. NA	AE .				} }	
STREET ADORESS	1113 NW 131 AVE				STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	PEMBROKE PINES FL	33028					<u></u>	☐ Change	Addition	
TITLE	<del></del>		Delete	TIT				change	C Variable	
NAME				NAI STE	IEET ADDRESS					
STREET ADDRESS					Y-ST-ZIP					
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TITLE			☐ Delete	TIT	LE			☐ Change	☐ Addition	
NAME		•	•	NA						
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TITLE NAME			L Detete	- 1	ME					
STREET ADDRESS				st	REET ADDRESS					
CITY_ST_7IP					TY-ST-ZIP					
12. I hereby indicated of the co-	certify that the information d on this report or supplem reporation or the receiver or d, or on an attachment with	supplied with this filing ental report is true and trustee empowered to an address with all ptr	does not qualify f accurate and that execute this repo er like empowere	for the ex t my sigr rt as req d.	remption stated i lature shall have uired by Chapter	n Section the same 607, Flo	n 119.07(3)(i), Florida Statutes. I further e legal effect as if made under oath; th rida Statutes; and that my name appea	certify that the at I am an office irs in Block 10	e information er or director or Block 11 if	

Soon Huil Lee, President 1/7/03