

GALICIA

INC

P99000

Principal Place of Business

Mailing Address

14740 NW 16 DR
MIAMI FL 336714740 NW 16 DR
MIAMI FL 33167FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90357 036 ***158.75

Principal Place of Business		3. Mailing Address		4. FEI Number 650894389		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable
City & State		City & State		DO NOT WRITE IN THIS SPACE		
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
SPIEGEL & UTERRA, PA 343 ALMERIA AVENUE CORAL GABLES FL 33134				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				City		
				State FL Zip Code		

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☐

FILE NOW!!! FEE IS \$160.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PRESIDENT MANUEL REQUEIRA 14740 NW 16 DR MIAMI FL 33167 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VIP ESTELA REQUEIRA 14740 NW 16 DR MIAMI FL 33168 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 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

ESTELA REQUEIRA

4/30/02

Date

905-681-3818

Daytime Phone #

CR2E034 (9/01)