

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90059 016 \*\*\*150.00

**DOCUMENT # P99000038195**

1. Entity Name

**AMERICAN GALAXY COMPANY**

Principal Place of Business

Mailing Address

**800 CORPORATE DRIVE SUITE 420  
FORT LAUDERDALE FL 33334****800 CORPORATE DRIVE SUITE 420  
FORT LAUDERDALE FL 33334-3621**

HU061400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **c/o Yvon Brami**  
**3400 Galt Ocean Dr.**  
Suite, Apt. #, etc. **607S**3. Mailing Address **c/o Yvon Brami**  
**3400 Galt Ocean Dr.**  
Suite, Apt. #, etc. **607S**City & State  
**Fort Lauderdale, FL**City & State  
**Fort Lauderdale, FL**4. FEI Number  
**65-0914792**Applied For  
Not ApplicableZip **33308** Country **U.S.A.**Zip **33308** Country **U.S.A.**5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

**NADEL, HOWARD B  
800 CORPORATE DRIVE SUITE 420  
FORT LAUDERDALE FL 33334**

## 7. Name and Address of New Registered Agent

Name **Yvon Brami**  
Street Address (P.O. Box Number is Not Acceptable)  
**3400 Galt Ocean Drive, #607S**  
City **Fort Lauderdale FL** Zip Code **33308**

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.

SIGNATURE

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

**Yvon Brami****3/1/00**

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) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution. Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<b>PVPSTD</b>			
	<b>Yvon Brami</b>			
	<b>3400 Galt Ocean Drive, # 607S</b>			
	<b>Fort Lauderdale, FL 33308</b>			
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:****Yvon Brami****3/1/00**

Date

**(561) 832-2933**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)