

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90201 049 ***158.75

DOCUMENT # **p99000068799** ✓

1. Entity Name **GALERIA MUSEO DORADO, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1641 SALERMO CIR**

Suite, Apt. #, etc.

3. Mailing Address **1641 SALERMO CIR**

-Suite, Apt. #, etc.-

DO NOT WRITE IN THIS SPACE

City & State **WESTON, FL.**

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4. FEI Number **65-0939685**

Applied For
Not Applicable

Zip **33327** Country **USA**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **TATIANA JIMENEZ**

Street Address (P.O. Box Number is Not Acceptable)

1641 SALERMO CIR

City **WESTON** FL Zip Code **33327**

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

Tatiana Jimenez

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

(NOTE: Registered Agent signature required when reinstating)

1/29/02

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMENEZ, ORLANDO 1641 SALERMO CIR WESTON, FL. 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES / SECRETARY JIMENEZ, TATIANA 1641 SALERMO CIR WESTON, FL. 33327
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Tatiana Jimenez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02

Date

Daytime Phone #

CR2E034B (12/01)