

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S04118

1. Entity Name  
GALAXY PRINTING, INC.

FILED  
Apr 14, 2001 8:00 am  
Secretary of State

04-14-2001 90005 007 \*\*\*150.00

Principal Place of Business

3900 NW 79 AVE  
#545-800  
MIAMI FL 33166  
US

Mailing Address

3900 NW 79 AVE  
#545 800  
MIAMI FL 33166  
US

2. Principal Place of Business

3900 NW 79<sup>th</sup> AVE  
Suite, Apt. #, etc.  
#800

3. Mailing Address

3900 NW 79<sup>th</sup> AVE  
Suite, Apt. #, etc.  
#800



DO NOT WRITE IN THIS SPACE

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number 65-0222300

Applied For  
Not Applicable

Zip 33166 Country DADE

Zip 33166 Country DADE

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

6. Name and Address of Current Registered Agent

ALVAREZ, ORLANDO  
3900 N.W. 79TH AVE.  
#545-800  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 ORLANDO ALVAREZ *Orlando Alvarez* 4/11/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PTD  
STREET ADDRESS ALVAREZ, ORLANDO  
CITY-ST-ZIP 3900 NW 79 AV E #545 800  
MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: ORLANDO ALVAREZ PRESIDENT *Orlando Alvarez* 4/11/2001 305 8850077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0206559

CR2E034 (10/00)