

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90083 026 \*\*\*150.00

**DOCUMENT # S98924**

1. Entity Name  
**GALIN, INC.**



Principal Place of Business

~~400 EAST TROPICAL WAY~~  
~~PLANTATION FL 33317~~  
US **1271 Skylark**

Mailing Address

1271 SKYPARK DR  
WESTON FL 33327-2380  
US



2. Principal Place of Business

**1271 Skylark Drive**  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Weston Florida**

City & State

4. FEI Number

**65-0298917**

Applied For

☐ Not Applicable

Zip

**33327-2380**

Country

**Broward**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHER, VICTOR**

~~400 EAST TROPICAL WAY~~  
~~PLANTATION FL 33317~~

Name

**Sher, Victor**

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

**1271 SKYLARK DRIVE**

City

**Weston**

**FL**

Zip Code

**33327-2380**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Victor Sher**

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

(NOTE: Registered Agent signature required when reinstating)

**3/26/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **SHER, VICTOR**  
CITY-ST-ZIP **1271 SKYLARK DRIVE**  
**WESTON FL 33327**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Victor Sher**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/03**  
Date

**(954) 389-7681**  
Daytime Phone #

CR2E034 (10/02)