

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005199

1. Entity Name

GULFSTREAM GARDEN APRATMENTS II, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90010 016 ****61.25

Principal Place of Business

Mailing Address

329 SE 3RD ST.
HALLANDALE FL 33009

P.O. BOX 2626
HALLANDALE FL 33008-2626
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0792333

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELLING, ROSE MARIE
329 SE 3RD ST.
HALLANDALE FL 33009

Name

ERIC M. GLAZER, ESQ

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

1920 E. HALLANDALE BEACH BLVD

City

HALLANDALE

FL

Zip Code

33009

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BP DVP
BLEDSE, JACK
329 SE 3RD ST., APT 501T
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DANSKY, AL
329 SE 3RD ST.
HALLANDALE FL 33009 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BT D VP
HOGUE, CARL
329 SE 3RD ST.
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
PATTY, LOUISE
329 SE 3RD ST.
HALLANDALE FL 33009 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BY D SECRETARY
WELLING, ROSE MARIE
329 SE 3RD ST
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LEDERER, RITA
329 SE 3RD ST
HALLANDALE FL 33009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR VP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
SAMUEL L KAPLAN
329 SE 3RD STREET
HALLANDALE, FL 33009 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR VP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MICKEY COLON
329 SE 3RD STREET
HALLANDALE, FL 33009 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR SECRETARY ☒ Change ☐ Addition

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

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 617, 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:

Samuel L Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000

Date

954 457-9437

Daytime Phone #

CR2E037 (9/99)