

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036941

1. Entity Name

GULF HARBOR TRADING, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90740 001 ***300.00

Principal Place of Business

Mailing Address

3707 TOLEDO ST
 CCORAL GABLES FL 33134
 US

3707 TOLEDO ST
 CCORAL GABLES FL 33134-5542
 US

2. Principal Place of Business

2420 Granada Blvd
 Suite, Apt. #, etc.

3. Mailing Address

2420 Granada Blvd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables FL
 Zip 33134

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Coral Gables FL
 Zip 33134

4. FEI Number

65-0584647

Applied For

Not Applicable

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

DEL ROSSI, LOURDES
 3707 TOLEDO STREET
 CORAL GABLES FL 33134

Name

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

2420 Granada Blvd

City

FL

Zip 33134

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

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME DEL ROSSI, GIORGIO
 STREET ADDRESS 3707 TOLEDO ST
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
 NAME Del Rossi, Giorgio
 STREET ADDRESS 2420 Granada Blvd
 CITY-ST-ZIP Coral Gables FL 33134

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giorgio del Rossi

Date

Daytime Phone #

4/28/00

305445-2825

CR2E034 (9/99)