

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUN -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0004728 AF

DOCUMENT # A97000000791

1. Entity Name

GULFSIDE-DADELAND, LTD.

Principal Place of Business

7700 RED ROAD
SOUTH MIAMI FL 33143

Mailing Address

7700 RED ROAD
SOUTH MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0749202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

WEIDER, NORMAN S ESQ.
100 S.E. 2ND STREET, SUITE 3910
MIAMI FL 33131

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000026218
NAME GULFSIDE KENDALL DRIVE, INC.
STREET ADDRESS 7700 RED ROAD
CITY-ST-ZIP SOUTH MIAMI FL 33143

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

7000004421247--3

-06/15/01--01003--019

*****97.50 *****97.50

STREET ADDRESS

CITY-ST-ZIP

7000004421247--3

-06/15/01--01003--019

*****70.00 *****70.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

09/05/01

Date

(305) 942-7008

Daytime Phone #

CP2E003 (11/00)