

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 362732

1. Entity Name

GULFSTREAM INVESTMENTS CORP.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90083 015 \*\*\*150.00

Principal Place of Business

2500 E HALLANDALE BEACH BLVD.  
SUITE 707  
HALLANDALE FL 33009

Mailing Address

2500 E HALLANDALE BEACH BLVD.  
SUITE 707  
HALLANDALE FL 33009

2. Principal Place of Business

1851 NW 125 Ave  
Suite, Apt. #, etc.  
300

3. Mailing Address

1851 NW 125 Ave  
Suite, Apt. #, etc.  
300

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33028

Country

USA

Zip

33028

Country

USA

6. Name and Address of Current Registered Agent

SEGALL, SANDY  
2500 E HALLANDALE BEACH BLVD., STE #800  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

59-2221574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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, 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

TITLE PD ☐ Delete

NAME SEGALL, SANDY  
STREET ADDRESS 584 GOLDEN BEACH DR.  
CITY-ST-ZIP GOLDEN BEACH FL

TITLE V ☐ Delete

NAME SEGALL, SANDY  
STREET ADDRESS 584 GOLDEN BEACH DR.  
CITY-ST-ZIP GOLDEN BEACH FL

TITLE S ☐ Delete

NAME SEGALL, SANDY  
STREET ADDRESS 584 GOLDEN BEACH DRIVE  
CITY-ST-ZIP GOLDEN BEACH FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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

4-26-01

Date

954-437-1400

Daytime Phone #

CR2E034 (10/00)