

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 362732

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: GULFSTREAM INVESTMENTS CORP.

Current Principal Place of Business:

1851 NORTHWEST 125TH AVE
300
PEMBROKE PINES, FL 33028

New Principal Place of Business:

101 GRAND PALMS DR
PEMBROKE PINES, FL 33027

Current Mailing Address:

1851 NORTHWEST 125TH AVE
300
PEMBROKE PINES, FL 33028

New Mailing Address:

1851 NW 125TH AVE
300
PEMBROKE PINES, FL 33028

FEI Number: 59-2221574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SEGALL, SANDY
1851 NW 125TH AVE
SUITE 300
PEMBROKE PINES, FL 33027

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: SANDY S. SEGALL

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEGALL, SANDY,
Address: 584 GOLDEN BEACH DR.
City-St-Zip: GOLDEN BEACH, FL

Title: V (X) Delete
Name: SEGALL, SANDY,
Address: 584 GOLDEN BEACH DR.
City-St-Zip: GOLDEN BEACH, FL

Title: S (X) Delete
Name: SEGALL, SANDY
Address: 584 GOLDEN BEACH DRIVE
City-St-Zip: GOLDEN BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: SEGALL, SANDY,
Address: 584 GOLDEN BEACH DR.
City-St-Zip: GOLDEN BEACH, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY S. SEGALL

PDS

04/29/2002

Electronic Signature of Signing Officer or Director

Date