

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90038 047 \*\*\*150.00

**DOCUMENT # 471303**

1. Entity Name  
**GF APARTMENTS, INC.**

Principal Place of Business <b>1026 EUCLID AVE          MIAMI BEACH FL 33139          US</b>	Mailing Address <b>% JULIO GURMAN          7300 WAYNE AVENUE. #209          MIAMI BEACH FL 33141-2545          US</b>
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00060002



DO NOT WRITE IN THIS SPACE

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 <b>59-1662328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**GURMAN, JULIO  
 7300 WAYNE AVE. #209  
 MIAMI BEACH FL 33141**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

TITLE	<b>O</b> <input type="checkbox"/> Delete
NAME	<b>FEIBUSH, IGAL J</b>
STREET ADDRESS	<b>33 RUSTIC GATE LANE</b>
CITY-ST-ZIP	<b>DIX HILLS NY 11746</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FEIBUSH, MICHAL</b>
STREET ADDRESS	<b>33 RUSTIC GATE LANE</b>
CITY-ST-ZIP	<b>DIX HILLS NY 11746</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>GURMAN, WILLIAM</b>
STREET ADDRESS	<b>3355 FREDERICK ST</b>
CITY-ST-ZIP	<b>OCEANSIDE NY 11572</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>GURMAN, GABRIEL</b>
STREET ADDRESS	<b>10 LIBERTY RD.</b>
CITY-ST-ZIP	<b>MARLBORO NJ 07746</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>LEVY, SILVIA</b>
STREET ADDRESS	<b>465 LINKS DR E</b>
CITY-ST-ZIP	<b>OCEANSIDE NY 11572</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>GURMAN, THERESE</b>
STREET ADDRESS	<b>3239 JASON DR.</b>
CITY-ST-ZIP	<b>BELLMORE NY 11710</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: W. GURMAN **WILLIAM GURMAN** 2-23-00 516-764-0608  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)