

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90001 009 ***150.00

DOCUMENT # 471303

1. Entity Name
GF APARTMENTS, INC.



Principal Place of Business
**1026 EUCLID AVE
MIAMI BEACH, FL 33139 US**

Mailing Address
**% JULIO GURMAN
7300 WAYNE AVENUE., #209
MIAMI BEACH, FL 33141 US**

07192004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-1662328

Applied For
Not Applicable

Zip Country

Zip Country

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **O** ☒ Delete
NAME **FEIBUSH, IGAL J**
STREET ADDRESS **2000 ISLAND BLVD., APT. #1205**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **O** ☐ Change ☒ Addition
NAME **GURMAN, Pamela**
STREET ADDRESS **3239 JASON DRIVE**
CITY-ST-ZIP **BELLMORE, N.Y. 11710**

TITLE **D** ☒ Delete
NAME **FEIBUSH, MICHAEL**
STREET ADDRESS **33 RUSTIC GATE LANE**
CITY-ST-ZIP **DIX HILLS, NY 11748**

TITLE **D** ☐ Change ☒ Addition
NAME **O'GRADY, MICHAEL**
STREET ADDRESS **15 PARK AVENUE APT. #2 D**
CITY-ST-ZIP **NEW YORK, N.Y. 10016**

TITLE **P** ☐ Delete
NAME **GURMAN, WILLIAM**
STREET ADDRESS **3355 FREDERICK ST**
CITY-ST-ZIP **OCEANSIDE, NY 11572**

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

TITLE **V** ☐ Delete
NAME **GURMAN, GABRIEL**
STREET ADDRESS **10 LIBERTY RD.**
CITY-ST-ZIP **MARLBORO, NJ 07746**

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

TITLE **S** ☐ Delete
NAME **LEVY, SILVIA**
STREET ADDRESS **465 LINKS DR E**
CITY-ST-ZIP **OCEANSIDE, NY 11572**

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

TITLE **T** ☐ Delete
NAME **DESSAUCE, THERESE**
STREET ADDRESS **3239 JASON DR**
CITY-ST-ZIP **BELLMORE, NY 11710**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Gorman **William Gorman, Pres.** 7-20-04 516-764-0608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #