

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1662328

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
GURMAN, PAMELA
3239 JASON DR
BELLMORE, NY 11710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'GRADY, MICHAEL
15 PARK AVE APT #2D
NEW YORK, NY 10016

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEVY, SILVIA
485 LINKS DR E
OCEANSIDE, NY 11572

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

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02/27/07-80021-023 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Gorman
(President)

Date

Daytime Phone #

2-13-07 / 516-764-0608