

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90068 001 ***150.00

0243717 AV

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**

JUU10100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	0	<input type="checkbox"/> Delete
NAME	FEIBUSH, IGAL J	
STREET ADDRESS	2800 ISLAND BLVD APT 1801	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEIBUSH, MICHAL	
STREET ADDRESS	33 RUSTIC GATE LANE	
CITY-ST-ZIP	DIX HILLS NY 11746	
TITLE	P	<input type="checkbox"/> Delete
NAME	GURMAN, WILLIAM	
STREET ADDRESS	3355 FREDERICK ST	
CITY-ST-ZIP	OCEANSIDE NY 11572	
TITLE	V	<input type="checkbox"/> Delete
NAME	GURMAN, GABRIEL	
STREET ADDRESS	10 LIBERTY RD.	
CITY-ST-ZIP	MARLBORO NJ 07746	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEVY, SILVIA	
STREET ADDRESS	465 LINKS DR E	
CITY-ST-ZIP	OCEANSIDE NY 11572	
TITLE	T	<input type="checkbox"/> Delete
NAME	GURMAN, THERESE	
STREET ADDRESS	3239 JASON DR.	
CITY-ST-ZIP	BELLMORE NY 11710	

TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIBUSH, IGAL J.	
STREET ADDRESS	2000 ISLAND BLVD - APT 1205	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'GRADY, MICHAL	
STREET ADDRESS	33 RUSTIC GATE LANE	
CITY-ST-ZIP	DIX HILLS N.Y 11746	
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESSAUCE, THERESE	
STREET ADDRESS	3239 JASON DR	
CITY-ST-ZIP	BELLMORE N.Y 11710	

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 GURMAN **WILLIAM GURMAN**
WILLIAM GURMAN
1-20-03 516-764-0608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)