

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90115 011 \*\*\*\*61.25

0032139

**DOCUMENT # 714011**  
 1. Entity Name  
**FIRST GULFSTREAM GARDEN APARTMENTS CONDOMINIUM,**

Principal Place of Business FIRST GULFSTREAM GARDEN APT CON. 215 SE THIRD AVE #103C HALLANDALE FL 33009 US	Mailing Address FIRST GULFSTREAM GARDEN APT CON. 215 SE THIRD AVE #103C HALLANDALE FL 33009 US
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2. Principal Place of Business 215 SE 3rd Ave Suite, Apt. #, etc. Hallandale	3. Mailing Address Same Suite, Apt. #, etc.
City & State FL 33009	City & State
Zip 33009	Country Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1237172	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEE, ROBERT P.**  
 215 S.E. 3RD AVE. APT. 103-C  
 HALLANDALE FL 33009

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 Robert Lee **ROBERT LEE Pres.** DATE 4/4/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NICHOLS, MARTY 215 SE 3 AVE 502-A HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEMAN, ROSE 215 SE 3RD AVE., #108A HALLANDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, ED 215 SE 3RD AVE, 402-B HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROEMER, MARY 215 SE 3 AVE 404-D HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, JAN 215 SE 3RD AVE, 106-B HALLANDALE FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRONTERA SARHA 215 SE 3RD AVE #406A HALLANDALE FL 33009	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY I WAS MARKED V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JAMES 215 S.E. 3 AVE 306C HALLANDALE FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICHOLS, ALETA 215 SE 3 AVE 502-A HALLANDALE FL 33009	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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 Rose Freeman **ROSE FREEMAN** DATE 4/4/01 954-458-1021  
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (10/00)