

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752265

1. Entity Name

GULFSTREAM VIEW CONDOMINIUM, INC.

Principal Place of Business

400 SE 3RD AVENUE
UNIT 105
HALLANDALE FL 33009

Mailing Address

400 SE 3RD AVENUE
UNIT 105
HALLANDALE FL 33009-6418

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

59-2064227

Applied For

Not Applicable

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

ROTH, ELEANOR
400 SE 3RD AVE
#105
HALLANDALE FL 33009

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Delete
NAME	ROTH, ELEANOR	
STREET ADDRESS	400 SE 3RD AVE UNIT 105	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLSON, FRANK	
STREET ADDRESS	400 SE 3RD AVE UNIT 208	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHAMPAGNE, ANDRE	
STREET ADDRESS	140 ANNIE	
CITY-ST-ZIP	LAVALTRIE-QUEBEC- JOK1H0 FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE: ELEANOR ROTH

2/11/00

954-458-1851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE