

2002 UNIFORM BUSINESS REPORT (UBR)

00000000 AT

DOCUMENT # **A32346**

1. Entity Name

GULL HOUSE LIMITED NO. 3

FILED

02 APR 30 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



Principal Place of Business
**1717 N. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132**

Mailing Address
**1717 N. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132**

2. Principal Place of Business
150 Alhambra Circle
Suite, Apt. #, etc.
Suite 800

3. Mailing Address
150 Alhambra Circle
Suite, Apt. #, etc.
Suite 800

DUE BY MAY 1, 2002

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
65-0300426

Applied For
☐ Not Applicable

Zip
33134

Country
USA

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

**S & K PROPERTY MANAGEMENT INC
1717 N. BAYSHORE DRIVE, SUITE 208
MIAMI FL 33132**

Name
S & K Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle
Suite 800
City
Coral Gables **FL** Zip Code
33134

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 *Lidia Cartaya* **LIDIA CARTAYA, VP** **04/29/02**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$200,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # S99684	NAME INVESTMENTS OF AMERICA NO. 1, INC.	STREET ADDRESS 150 Alhambra Circle, Suite 800	
STREET ADDRESS 1717 N. BAYSHORE DRIVE, SUITE 208		CITY-ST-ZIP Coral Gables, FL 33134	
CITY-ST-ZIP MIAMI FL 33132			
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Lidia Cartaya* **LIDIA CARTAYA, VP** **04/29/02** **(305) 476-0955**
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE