

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009786 AT

DOCUMENT # **A32509**

1. Entity Name

**GULL HOUSE LIMITED NO. 4**

**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**  
City & State  
**Coral Gables, FL**  
Zip  
**33134** Country  
**USA**

3. Mailing Address  
**150 Alhambra Circle**  
Suite, Apt. #, etc.  
**Suite 800**  
City & State  
**Coral Gables, FL**  
Zip  
**33134** Country  
**USA**

**DUE BY MAY 1, 2002**

4. FEI Number  
**65-0305398**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**S & K PROPERTY MANAGEMENT, INC.**  
**1717 NO. BAYSHORE DRIVE, SUITE 208**  
**MIAMI FL 33132**

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. **\$300,000.00**

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 #	<b>S99684</b>	STREET ADDRESS	<b>150 Alhambra Circle, Suite 800</b>	
NAME	<b>INVEST. OF AMER NO 1, INC</b>	CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>	
STREET ADDRESS	<b>1717 N. BAYSHORE DRIVE, SUITE 208</b>			
CITY-ST-ZIP	<b>MIAMI FL 33132</b>			
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP	<b>200005503072--8</b>	
STREET ADDRESS			<b>-05/10/02--01060--003</b>	
CITY-ST-ZIP			<b>*****526.25 *****526.25</b>	
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP	<b>200005503072--8</b>	
STREET ADDRESS			<b>-05/10/02--01060--004</b>	
CITY-ST-ZIP			<b>*****8.75 *****8.75</b>	
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				

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, Vice President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**04/29/02 (305) 476-0955**

Date Daytime Phone #

CR2E003 (9/01)