

2002 UNIFORM BUSINESS REPORT (UBR)

000806 AT

DOCUMENT # **A32967**

1. Entity Name

GULL HOUSE LIMITED NO. 7

FILED

02 MAY -3 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address
150 Alhambra Circle

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip Country
33134 USA

Zip Country
33134 USA

DUE BY MAY 1, 2002

4. FEI Number
65-0333497

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

**S & K PROPERTY MANAGEMENT INC
1717 NO. 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, Vice President** **04/29/02**

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

9. Capital Contributions as Shown on record. **730,000**

10. Amount of Capital Contributions in FLORIDA to date. **\$730,000.00**

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 NO. BAYSHORE DRIVE, SUITE 208		CITY-ST-ZIP Coral Gables, FL 33134	
CITY-ST-ZIP MIAMI FL 33132			
DOCUMENT #	NAME	STREET ADDRESS	000005609910--4
STREET ADDRESS		CITY-ST-ZIP	05/24/02--01035--007
CITY-ST-ZIP			*****8.75 *****8.75
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	FF \$506.25
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	000005609910--4
CITY-ST-ZIP			05/24/02--01035--006
			*****526.25 *****526.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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* **SIGNATURE REQUIRED** **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)