

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000368

1. Entity Name

GULL HOUSE LIMITED NO. 14

Principal Place of Business

2300 CORAL WAY  
SUITE 200, CANTELOP BLDG  
MIAMI FL 33145

Mailing Address

2300 CORAL WAY  
SUITE 200, CANTELOP BLDG  
MIAMI FL 33145-3511

2. Principal Place of Business

1717 N. Bayshore Drive

Suite, Apt. #, etc.

Suite 208

City & State

Miami, Florida

3. Mailing Address

1717 N. Bayshore Drive

Suite, Apt. #, etc.

Suite 208

City & State

Miami, Florida

Zip

33132

Country

USA

Zip

33132

Country

USA

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.  
2300 CORAL WAY, CANTELOP BLDG., STE 200  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

S & K PROPERTY MANAGEMENT INC.

Street Address (P.O. Box Number is Not Acceptable)

1717 No. BAYSHORE DRIVE

SUITE 208

City

MIAMI

FL

Zip Code

33132

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-PRES.

3-31-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$650,000.00

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

DOCUMENT # S99684  
NAME INVESTMENTS OF AMERICA NO. 1, INC.  
STREET ADDRESS 2300 CORAL WAY, CANTELOP BLDG., STE. 200  
CITY - ST - ZIP MIAMI FL 33145

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1717 No. BAYSHORE DRIVE, SUITE # 208

CITY - ST - ZIP

MIAMI, FL 33132

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BY LIDIA CARTAYA, VICE-PRESIDENT OF  
GENERAL PARTNERSHIP.

3/31/00

Date

(305) 854-1040

Daytime Phone #

CR2E003 (9/99)

FILED  
00 APR 18 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE