

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002462

1. Entity Name

GAMI GOLDEN GLADES, LTD.

Principal Place of Business

4900 POWERLINE ROAD  
FT. LAUDERDALE FL 33309

Mailing Address

4900 POWERLINE ROAD  
FT. LAUDERDALE FL 33309-3113

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

APPLIED FOR  
65-0001883

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

GAMI PROPERTIES FLORIDA, INC.  
4900 POWERLINE ROAD  
FT. LAUDERDALE FL 33309

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

9. Capital Contributions  
as Shown on record.

\$990.00

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 # P95000083265  
NAME GAMI PROPERTIES FLORIDA, INC.  
STREET ADDRESS 4900 POWERLINE ROAD  
CITY - ST - ZIP FT. LAUDERDALE FL 33309

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/7/00

954-776-4000

FILED

00 MAY 31 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE



May 24, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Gami Golden Glades, Letter #800A00027109

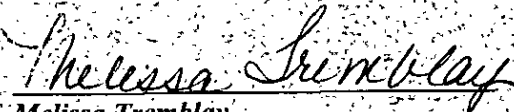
Dear Sir or Madam:

Our client for review and reply faxed the enclosed to our office. In review of our records please be advised that there is no entity with the name Gami Golden Glades, LTD. The correct name of the entity is Gami Golden Glades, LLC, #65-0621883.

We are unsure where your office came up with the name Gami Golden Glades LTD but it is incorrect. I am enclosing a copy of the last years Form 1120 showing the correct name and identification number. We are sorry for the inconvenience of filing an incorrect Uniform Business Report, but normally our office handles this filing, this year the client handled. They unfortunately did not notice an incorrect name.

If you should have any questions, please contact our office at (781) 890-7718.

Sincerely,

  
Melissa Tremblay

/MT  
Enclosures