


# 2001 UNIFORM BUSINESS REPORT (UBR)

0007085 AF

**DOCUMENT # A98000002616**

1. Entity Name  
**G.S.M. OF PALM BEACH, LTD.**

**FILED**  
01 APR 26 AM 11:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**4000 OKEECHOBEE BOULEVARD  
WEST PALM BEACH FL 33409**

Mailing Address  
**4000 OKEECHOBEE BOULEVARD  
WEST PALM BEACH FL 33409**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0888363**

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

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.  
777 S. FLAGLER DRIVE, SUITE 500 E  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **Richard E. Bastin**  
Street Address (P.O. Box Number is Not Acceptable) **486 MANHATTAN DR.**  
City **Do P. Ton** FL Zip Code **33477**

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 *Richard E. Bastin* (NOTE: Registered Agent signature required when reinstating) **4/23/01**

9. Capital Contributions as Shown on record. **\$7,000,000.00**

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 #	<b>P98000087567</b>
NAME	<b>G.S.M. OF PALM BEACH, INC.</b>
STREET ADDRESS	<b>4000 OKEECHOBEE BOULEVARD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	<b>000004192240--2</b>
STREET ADDRESS	<b>-05/10/01--01014--001</b>
CITY-ST-ZIP	<b>****526.25 ****526.25</b>

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: *Richard E. Bastin* **SIGNATURE REQUIRED** **4/23/01** **561 685 4363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)