

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90065 040 ***158.75

DOCUMENT # F00000001887

1. Entity Name

GULFSTREAM GROUP, INC. OF DELAWARE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

POB 751, 950 SULLIVAN AVE #19

3. Mailing Address

2070 NW 7th ST

Suite, Apt. #, etc.

SOUTH WINDSOR

Suite, Apt. #, etc.

MIAMI

City & State

CONNECTICUT

City & State

FLORIDA

ZIP

06074

Country

USA

33125

USA

4. FEI Number

06-1226031

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

MARK F. BUTLER

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

2070 NW 7th ST

City

MIAMI

FL

ZIP

33125

**DO NOT WRITE
IN THIS SPACE**

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	MARK F. BUTLER - P-T
NAME	46 SUNSET TERR.
STREET ADDRESS	SOUTH WINDSOR, CT. 06074
CITY-ST-ZIP	
TITLE	ARTHUR L. CLOUGA - S
NAME	8A RIVERVIEW DR.
STREET ADDRESS	EAST WINDSOR, CT. 06088
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other file empowered.

SIGNATURE: Mark F. Butler MARK F. BUTLER TRES. 02/15/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\$150.00

8.25

158.75

CP2E034B (12/01)