

2002 UNIFORM BUSINESS REPORT (UBR)

0210331 AV

DOCUMENT # F98000002810

1. Entity Name
3435 GULFSTREAM PROPERTIES, INC.

FILED

02 MAY -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3435 N. OCEAN BLVD
GULFSTREAM FL 33483

Mailing Address
2665 S. BAYSHORE DR. SUITE 703
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 98-0179010

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DR
STE 703
MIAMI FL 33133

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME CPS
STREET ADDRESS ARCAINI, ANTONIO
CITY-ST-ZIP 3435 N. OCEAN BLVD
GULF STREAM FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS ARCAINI, REBECCA
CITY-ST-ZIP 3435 N. OCEAN BLVD
GULF STREAM FL

TITLE ☐ Change ☐ Addition
NAME 30000550413-2
STREET ADDRESS -05/13/02--01002--019
CITY-ST-ZIP *****600.00 *****150.00

TITLE ☐ Delete
NAME AS
STREET ADDRESS RICHARDS, TIMOTHY D
CITY-ST-ZIP 2665 S. BAYSHORE DR- STE 703
MIAMI FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Antonio Arcaini 4/19/02 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)