

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G49428**

1. Entity Name

G & L REALTY, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90082 010 ***150.00

Principal Place of Business

475 BILTMORE WAY STE 308
CORAL GABLES FL 33134

Mailing Address

475 BILTMORE WAY STE 308
CORAL GABLES FL 33134-5755

2. Principal Place of Business

450 N. PARK RD.

Suite, Apt. #, etc.

403

City & State

HOLLYWOOD FL

Zip

33021

Country

USA

3. Mailing Address

450 N. PARK RD

Suite, Apt. #, etc.

403

City & State

HOLLYWOOD FL

Zip

33021

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2308276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOUGHAN, LEO
4102 BUCHANAN ST.
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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. 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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PDV
GOUGHAN, LEO
4102 BUCHANAN ST.
HOLLYWOOD FL 33021

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ Addition

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:

Leo Goughan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

954-983-6663

Daytime Phone #