

2001

UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H10128**

1. Entity Name

GULF BANK**FILED**
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90001 002 ***150.00

Principal Place of Business

Mailing Address

3400 CORAL WAY
MIAMI FL 33145
US3400 CORAL WAY
7TH FLOOR
MIAMI FL 33145-3053
US

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

59-2413444

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

GULF BANK
3400 CORAL WAY
MIAMI, Florida 33145
Att: Controller

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 State10. 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 **D**
STREET ADDRESS **MARLEY, DAVID A.**
CITY-ST-ZIP **7940 S.W. 172 TERRACE**
MIAMI FLTITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **JOHN H. FRIEDHOFF**
CITY-ST-ZIP **100 S.E. 2nd. Street**
Miami, Florida 33131TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COOMER, JUANITA H**
CITY-ST-ZIP **8000 N. KENDALL DR.**
MIAMI FL 33156TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **CD**
STREET ADDRESS **BONILLA-MATHE, SALVADOR**
CITY-ST-ZIP **1925 BRICKELL AVE.**
MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BEFELER, GEORGE**
CITY-ST-ZIP **100 S.E. 2ND STREET**
MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **NOSTRAND, STEPHEN**
CITY-ST-ZIP **3191 CORAL WAY, SUITE 634**
MIAMI FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **REYES, MANOLO**
CITY-ST-ZIP **3663 S. BAYSHORE DR.**
MIAMI FL 33133TITLE ☐ 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 empowers.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-01 305-443-4853