

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90157 050 ****50.00

DOCUMENT # L00000002512

1. Entity Name

GULFSTREAM PROFESSIONAL BUILDING, L.L.C.

Principal Place of Business

2240 WOOLBRIGHT RD. STE 300
 BOYNTON BEACH FL 33426

Mailing Address

2240 WOOLBRIGHT RD. STE 300
 BOYNTON BEACH FL 33426

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

65-0990797
 4. FEI Number **APPLIED FOR**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APPIGNANI, LOUIS J
 2240 WOOLBRIGHT RD, STE 300
 BOYNTON BEACH FL 33426

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES <input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM APPIGNANI, LOUIS J 2240 WOOLBRIGHT RD. SUITE 300 BOYNTON BEACH FL 33426	<input type="checkbox"/> Delete		
MEM BYRNE, MATTHEW L 332 N. BOSTON AVE. MASSAPEQUA NY	<input type="checkbox"/> Delete		
MEM BYRNE, LAWRENCE 218 ANCON AVE. PELHAM NY 10803	<input type="checkbox"/> Delete		
MEM BYRNE, STEVEN 7 SUNSET AVE. GLEN COVE NY 11542	<input type="checkbox"/> Delete		
MEM BYRNE, KENNETH 332 N. BOSTON AVE. MASSAPEQUE NY 10803	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/3/02 (561)364-5500

CR2E083 (9/01)