

2001 UNIFORM BUSINESS REPORT (UBR) + 2002

0083403 AV

DOCUMENT # L95426

1. Entity Name
GULFSTREAM FINANCIAL GROUP, INC.

FILED

02 JUN 21 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

6400 CONGRESS AVENUE
200 A
BOCA RATON FL 33487
US

Mailing Address

6400 CONGRESS AVENUE
200 A
BOCA RATON FL 33487
US

2. Principal Place of Business

621 NW 53 ST.

Suite ~~Apt. # etc.~~
320

City & State
BOCA RATON, FL

Zip
33487

Country
USA

3. Mailing Address

621 NW 53 ST.

Suite ~~Apt. # etc.~~
320

City & State
BOCA RATON, FL

Zip
33487

Country
USA

DO NOT WRITE IN THIS SPACE
Reinstatement 01-02

4. FEI Number
65-0212776

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLIMENI, DOMINIC A.
6400 CONGRESS AVE, STE 2000
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name: POLIMENI, DOMINIC A.
Street Address (P.O. Box Number is Not Acceptable)
621 NW 53 ST.
SUITE 320
City: BOCA RATON FL Zip Code: 33487

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 *Dominic A. Polimeni, President*
Signature, typed or printed name of registered agent and title if applicable.

REGISTERED AGENT
Dominic A. Polimeni 5/20/02
(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 \$550.00 2002
After September 12, 2001 Fee will be \$750.00 2001
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: D ☐ Delete
NAME: GUBITOSI, JOAN R.
STREET ADDRESS: 18540 LONG LAKE DR
CITY-ST-ZIP: BOCA RATON FL 33496

TITLE: D ☐ Delete
NAME: POLIMENI, DOMINIC A.
STREET ADDRESS: 6567 NEWPORT LAKE CR
CITY-ST-ZIP: BOCA RATON FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
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: *Dominic A. Polimeni, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02 (561) 866-5104
Date Daytime Phone #

CR2E034 (5/01)