

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000008600

1. Entity Name

GULFSTREAM ASHI, INC

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90032 045 \*\*\*\*61.25

Principal Place of Business

5891 N.W. 65TH TERRACE  
PARKLAND FL 33067

Mailing Address

5891 N.W. 65TH TERRACE  
PARKLAND FL 33067

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

80-0025093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROMANO, PETER  
5891 N.W. 65TH TERRACE  
PARKLAND FL 33067

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HUNTER, BILL  
STREET ADDRESS 521 S.E. 4TH STREET  
CITY-ST-ZIP DEERFIELD BEACH FL 33441-4745 ☐ Delete

TITLE D  
NAME ROMANO, PETER  
STREET ADDRESS 5891 N.W. 65TH TERRACE  
CITY-ST-ZIP PARKLAND FL 33067 ☐ Delete

TITLE TD  
NAME RIFFLE, DAVID  
STREET ADDRESS 7411 N.W. 39TH STREET  
CITY-ST-ZIP LAUDERHILL FL 33319 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)