

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03512

1. Entity Name

FRIENDS OF GUSMAN CENTER, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90065 036 ****61.25

Principal Place of Business

174 EAST FLAGLER ST.
MIAMI FL 33131-1104

Mailing Address

174 EAST FLAGLER ST.
MIAMI FL 33131-1130

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2455510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIS, CLYDE
ONE SE THIRD AVENUE
SUITE 2100
MIAMI FL 33131

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 GUSMAN, BOBBY
STREET ADDRESS 25 SE SECOND AVE, SUITE 700
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE SD
NAME THOMPSON, PAUL
STREET ADDRESS 25 SE SECOND AVE, SUITE 700
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE TD
NAME WILLIS, CLYDE
STREET ADDRESS ONE SE THIRD AVE, SUITE 2100
CITY-ST-ZIP MIAMI FL 33131 ☐ 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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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 all other like empowered.

SIGNATURE:

CYRUS WILLIS REQUIRED

1/7/00 (305)374-1574

Date

Daytime Phone #