

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000179

1. Entity Name  
RHF Gulfstream, Inc.

FILED

00 FEB 24 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6851 SW 75 Street  
Miami, FL 33143

Mailing Address  
6851 SW 75 Street  
Miami, FL 33143

2. Principal Place of Business  
516 NE 13 Street

3. Mailing Address  
516 NE 13 Street

Suite, Apt. #, etc.

REINSTATEMENT 99-00

City & State  
Ft. Lauderdale, FL

City & State  
Ft. Lauderdale, FL

4. FEI Number  
65-0825069

Applied For  
Not Applicable

Zip Country  
33304 USA

Zip Country  
33304 USA

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

## 6. Name and Address of Current Registered Agent

Jackson, Robert O.  
6851 SW 75 Street  
Miami, Florida 33143

## 7. Name and Address of New Registered Agent

Name  
Brian J. McDonough

Street Address (P.O. Box Number is Not Acceptable)  
2200 Museum Tower

150 West Flagler Street

City Miami FL Zip Code 33130

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

2/23/00

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 D ☐ Delete  
NAME Jackson, Robert O  
STREET ADDRESS 516 NE 13 Street  
CITY-ST-ZIP Ft. Lauderdale, FL 33304

TITLE D ☐ Delete  
NAME Janton, Stephen R.  
STREET ADDRESS 2825 Jefferson Street  
CITY-ST-ZIP Miami, FL 33133

TITLE D ☐ Delete  
NAME Capelle, Michael  
STREET ADDRESS 61 Whitney Street  
CITY-ST-ZIP San Francisco, CA 94131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 400003161404--S  
STREET ADDRESS -03/08/00--01011--008  
CITY-ST-ZIP \*\*\*\*297.50 \*\*\*\*297.50

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

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

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 I/we empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E037 (9/99)