

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063751

1. Entity Name
SOUTH GULF COVE
PROPERTIES AND DEVELOPMENT, INC.

Principal Place of Business Mailing Address
1601 S.W. 15th WAY D-13
DEERFIELD BEACH, FL. 33441

2. Principal Place of Business 3. Mailing Address
1601 S.W. 15th WAY D-13 1601 S.W. 15th WAY
Suite, Apt. #, etc. Suite, Apt. #, etc.
D-13 D-13
City & State City & State
DEERFIELD BEACH, FL. DEERFIELD BEACH, FL.
Zip Zip
33441 33441
Country Country
USA USA

4. FEI Number 65-1020662 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL + UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL. 33134

7. Name and Address of New Registered Agent
Name SPIEGEL + UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
343 ALMERIA AVENUE
City CORAL GABLES FL Zip Code 33134

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 NATALIA UTRERA 10-22-01
Signature, typed or printed name of registered agent and title if applicable. (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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PRESIDENT
NAME ROBERT J. MASULA
STREET ADDRESS 1601 S.W. 15th WAY D-13
CITY-ST-ZIP DEERFIELD BEACH, FL. 33441

TITLE VICE-PRESIDENT
NAME ROBERT L. MASULA
STREET ADDRESS 1601 S.W. 15th WAY D-13
CITY-ST-ZIP DEERFIELD BEACH, FL. 33441

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: ROBERT J. MASULA 10-22-01 429-1417

FILED

01 Oct 22 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)