FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State
05-08-2002 90095 006 ***150.00

DOCUMENT # P000006 3751

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

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1601 S.W. 1ST WAY	1601 S.W. 1ST WAY
Suite, Apt. #, etc. D-13	Suite, Apt. #, etc. D-13
City & State DEERFIELD BEACH, FL.	City & State DEERFIELD BEACH, FL.
Zip 33441 Country USA	Zip 33441 Country USA

4. FEI Number 65-1020662 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name ROBERT J. MASULA

Street Address (P.O. Box Number is Not Acceptable)
1601 S.W. 1ST WAY
D-13

City DEERFIELD BEACH FL Zip Code 33441

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 ROBERT J. MASULA 06-15-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	ROBERT J. MASULA
STREET ADDRESS	2161 N.E. 42ND ST. #2
CITY-ST-ZIP	LIGHTHOUSE POINT, FL. 33064
TITLE	VICE-PRESIDENT
NAME	ROBERT L. MASULA
STREET ADDRESS	1967 S.W. 7TH COURT
CITY-ST-ZIP	BOCA RATON, FL. 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. MASULA 6-15-02 954-429-1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #