

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90138 017 \*\*\*150.00

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**DOCUMENT # P02000028824**

1. Entity Name

**GYPSUM CORAL MANAGEMENT & INVESTMENT, INC.**



Principal Place of Business

**3135 SW 102ND PLACE  
MIAMI FL 33165**

Mailing Address

**3135 SW 102ND PLACE  
MIAMI FL 33165**

2. Principal Place of Business

**8368 SW 8th ST**

Suite, Apt. #, etc.

3. Mailing Address

**8368 SW 8th ST**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Miami FL 33144**

Zip

Country

City & State

**Miami FL 33144**

Zip

Country

4. FEI Number

**75-3025438**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BULNES, GLADYS**

**3135 SW 102ND PLACE**

**MIAMI FL 33165**

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. I am familiar with, and accept the obligations of registered agent.

\*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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BULNES, GLADYS</b>	
STREET ADDRESS	<b>3135 SW 102ND PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

**G YPSUM C ORAL**

**MANAGMENT & INVESTMENT, INC.**

**8368 SW 8 STREET MIAMI, FL 33144**

**PH: (305) 266-7330 . Fax: (305) 266-7335**

*Attachment  
Po2000028824  
80145034*

Miami, September 3, 2003

TO: DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS

As you see we change the mailing address in the Renewal Document. We did not received on time.  
Sorry for the inconvenience.

Thanks

  
Gladys Bulnes