2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000090999 **DOCUMENT #**



FILED Mar 17, 2003 8:00 am secretary of State

1. Entity Name GTH HILLSBORO SHORES CORP.								03-17-2003 90706 006 *	**150	.00		
Principal Place of Business 2875 N.E. 191ST STREET TURNBERRY PLAZA. SUITE 801 AVENTURA FL 33180			Mailing Address 2975 N.E. 191ST STREET TURNBERRY PLAZA. SUITE 801 AVENTURA FL 33180									
2. Principal F	Place of Busin	ness	3. Ma	3. Mailing Address				- 				
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHA	NGES			
City & State			City	City & State			4. [4. FEI Number 51-0427600 Applied For Not Applied For				
Zip	Zip Country				ry	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current	ed Agent			<u>·- 1· · ·~</u> 7. N	Name and Address of New Registered Agent					
						Name			·			
SERBER, DANIEL J 2875 N.E. 191ST STREET						Street Addre	ss (P.O. B	s (P.O. Box Number is Not Acceptable)				
		- A						•				
TURNBERRY PLAZA, SUITE 801 AVENTURA FL 33180 8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.						City		FL ^z	ip Code	e .		
			or the purp	oose of changing its	registere	d office or regi	stered age	<u> </u>	ar with,	and accept		
54.	nona or region	ordo agom.										
SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	: Registered	Agent signature req	uired when re	einstating) DATE	, .	· .		
Afte	r May 1, 200	IFEE IS \$150.00 IFEE WIII be \$550.00 IF Florida Department o	f State				9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees			
10.		OFFICERS AND	DIRECTO	RS	11.		AD	I DITIONS/CHANGES TO OFFICERS AND DIRE	CTORS	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ABEL EFRAIN 191ST ST., TURNBERF NFL 33180	ìΥ PL, #	□ Delete 801		i			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2875 N.E.	GERARDO 191ST ST., TURNBERF N FL 33180	IY PL, #	Delete		I	·		Change	Addition		
TITLE NAME STREET ADDRESS	D WOHLGEN	IUTH, DANIEL 191ST ST., TURNBERR	Y PL, #	Delete		I .			Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I .			Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					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 justee 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:

Daytime Phone #