

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90366 005 ***150.00

DOCUMENT # P02000097150

1. Entity Name
GULFSTREAM MARINE INC.



Principal Place of Business
**7721 N.W. 39TH STREET
HOLLYWOOD FL 33024**

Mailing Address
**7721 N.W. 39TH STREET
HOLLYWOOD FL 33024**

2. Principal Place of Business
311 S.W. 15 AV.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 551327
Suite, Apt. #, etc.

City & State
POMPANO BEACH, FLA.
Zip
33069 Country

City & State
FT. LAUDERDALE
Zip
33355 Country

4. FEI Number
27-0030658

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JAMES MATOS
7721 NW 39TH STREET
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name
ROBERT MATOS
Street Address (P.O. Box Number is Not Acceptable)
10760 CAMERON CT. AP. 103
City
DAVIE FL Zip Code
33324

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 **Robert Matos**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROBERT MATOS ☐ Delete
7721 NW 39TH STREET
HOLLYWOOD FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JAMES MATOS ☐ Delete
7721 NW 39TH STREET
HOLLYWOOD FL 33024

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERT MATOS ☒ Change ☐ Addition
10760 CAMERON CT. 103
DAVIE, FL. 33324

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 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: **ROBERT MATOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date

954-370-4510

Daytime Phone #

CR2E034 (10/02)