

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000127938**

1. Entity Name
GULFSTREAM USA MANAGEMENT GROUP, INC.



FILED

03 OCT 22 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**333 N. NEW RIVER DRIVE EAST, THIRD FLOOR
FT. LAUDERDALE FL**

Mailing Address
**333 N. NEW RIVER DRIVE EAST, THIRD FLOOR
FT. LAUDERDALE FL**



REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PADULA, STEPHEN J ESQ.		Name	
7900 GLADES ROAD, SUITE 650		Street Address (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33434		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 (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, HOWIE 333 N. NEW RIVER DRIVE EAST, THIRD FLOOR FT. LAUDERDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Michelle Nichols 333 N. New River Dr. E., 3rd floor Ft. Land. FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023360284 10/22/03--01066--016 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023360284 09/26/03--01044--008 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 a power of attorney.

SIGNATURE: **SIGNATURE REQUIRED** 9.24.03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0067384
AV

CR2E034 (4/03)