

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10862

1. Entity Name

GULF SOUTH CENTER CONDOMINIUM NO. FIVE INVESTMEN

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90374 002 ***150.00

Principal Place of Business

11811 N FREEWAY
STE 300
HOUSTON TX 77060
US

Mailing Address

11811 N FREEWAY
STE 300
HOUSTON TX 77060
US

C0055221



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 98-0086490

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS RUSCA, FAUSTO
CITY- ST- ZIP VIAG B PIODA 14
LUGANO, SWITZERLAND ☐ Delete

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

TITLE
NAME VD
STREET ADDRESS PIERSON TRUST (CURACAO)
CITY- ST- ZIP 6 JOHN B. GORSIRAWEG
CURACAO, NA ☐ Delete

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

TITLE
NAME M
STREET ADDRESS TOMBARI, MICHAEL G
CITY- ST- ZIP 11811 N FREEWAY, #300
HOUSTON TX ☐ Delete

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

TITLE
NAME M
STREET ADDRESS HATFIELD, KENNETH L
CITY- ST- ZIP 11811 N FREEWAY, #300
HOUSTON TX ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Managing Director

Date

4-19-01

Daytime Phone #

281-820-0747

CR2E034 (10/00)