

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90038 032 \*\*\*158.75

**DOCUMENT # P92000011296**

1. Entity Name  
**GAP PROPERTIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**10354 WELLEBY ISLES BLVD** **10354 WELLEBY ISLES BLVD**  
**SUNRISE FL 33351** **SUNRISE FL 33351-8291**  
**US**

2. Principal Place of Business **same** 3. Mailing Address **same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

Zip Country Zip Country

4. FEI Number **65-0375768** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KURLAND, JACQUELINE I ESQ**  
**9853 PINES BLVD**  
**PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent  
 Name **same**  
 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 \_\_\_\_\_ (NOTE: Registered Agent 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, 2000 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		
TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>STAUB, GLORIA</b>	
STREET ADDRESS	<b>2580 NW 103RD AVE</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STAUB, GERALD A</b>	
STREET ADDRESS	<b>2580 NW 103RD AVE</b>	
CITY-ST-ZIP	<b>SUNRISE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Gerald Staub* **GERALD STAUB** 4-12-00 9547467530  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)