

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011296

1. Entity Name

GAP PROPERTIES, INC.

Principal Place of Business

10354 WELLEBY ISLES BLVD
SUNRISE FL 33351
US

Mailing Address

10354 WELLEBY ISLES BLVD
SUNRISE FL 33351
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

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

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

(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, 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

TITLE PSTD
NAME STAUB, GLORIA
STREET ADDRESS 2580 NW 103RD AVE
CITY-ST-ZIP SUNRISE FL

TITLE D
NAME STAUB, GERALD A
STREET ADDRESS 2580 NW 103RD AVE
CITY-ST-ZIP SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

Gloria Staub

Date

Daytime Phone #

3-11-01

954-746-7530

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90024 011 ***158.75

300140



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0375768

Applied For

Not Applicable

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

CR2E034 (10/00)

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