

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017937

1. Entity Name
GULFSTREAM LANDSCAPING, INCPrincipal Place of Business
1007 N. FEDERAL HWY #3
FT. LAUDERDALE FL 33304
USMailing Address
1007 N. FEDERAL HWY #3
FT. LAUDERDALE FL 33304
US2. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0469889

Applied For

Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

~~PELEGRINO, ANTHONY W
2550 NE 15TH AVE
FORT LAUDERDALE FL 33305~~

7. Name and Address of New Registered Agent

Name *Jeffrey Seth Selzer, Esq.*

Street Address (P.O. Box Number is Not Acceptable)

*2550 NE 15th Ave*City *Ft. Lauderdale* FL Zip Code *33305*

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]*

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

(NOTE: Registered Agent Signature is required when reinstating)

DATE *4/16/02*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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **PVST**
NAME **MORIATES, MICHAEL A JR**
STREET ADDRESS **1042 NE 16TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33304** DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition*5408 NW. 1st Ave
Ft Lauderdale FL 33309*TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02 (954)530-3904

Date

Daytime Phone #

CR2E034 (9/01)