

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029877

1. Entity Name

GIBRALTOR CAPITAL & FUNDING CORP.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90011 026 ***150.00

Principal Place of Business

805 W BROWARD BLVD
FT LAUDERDALE FL 33312
US

Mailing Address

850 W BROWARD BLVD
FT LAUDERDALE FL 33312-1750
US

2. Principal Place of Business

925 W. Broward Blvd

Suite, Apt. #, etc.

FT Lauderdale

City & State
Florida

Zip
33312

Country
US

3. Mailing Address

925 W. Broward Blvd

Suite, Apt. #, etc.

FT Lauderdale

City & State
Florida

Zip
33312

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0484185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONESI, PATRICK J
3101 PT ROYALE BLVD SUITE 427
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name: Monesi, Patrick J
Street Address (P.O. Box Number is Not Acceptable)
1401 NE 9th Street

Ft. Lauderdale,

City Florida

FL

Zip Code
33304

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)

2-11-00

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	D	<input type="checkbox"/> Delete
NAME	MONESI, PATRICK J	
STREET ADDRESS	805 W. BROWARD BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

Date

954-728-9181

Daytime Phone #

CR2E034 (9/99)