

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060807

1. Entity Name

GSH REALTY PARTNERS, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90056 028 ***550.00

Principal Place of Business

2650 N MILITARY TRAIL
SUITE 140
BOCA RATON FL 33431

Mailing Address

2650 N MILITARY TRAIL
SUITE 140
BOCA RATON FL 33431-6339

00057044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2385 GREGGARD CENTER DR.

3. Mailing Address

P.O. BOX 810264

Suite, Apt. #, etc.

150

Suite, Apt. #, etc.

City & State

BOCA RATON, FLA.

City & State

BOCA RATON, FLA.

Zip

33431

Country

Zip

33481-0264

Country

4. FEI Number

65-0514021

Applied For

Not Applicable

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

SACKS, GEORGE
2295 N.W. 35TH STREET
BOCA RATON FL 33431

Name

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

4110 NW 24TH AVENUE

City

BOCA RATON

FL

Zip Code

33431

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

5/18/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SACKS, GEORGE
STREET ADDRESS 2295 N.W. 35TH STREET
CITY-ST-ZIP BOCA RATON FL 33431

TITLE PRES. ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 4110 NW 24TH AVENUE
CITY-ST-ZIP BOCA RATON, FLA- 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE U.P. ☐ Change ☒ Addition
NAME THOMAS J. HOTZ
STREET ADDRESS 493 Forestview DR.
CITY-ST-ZIP ATLANTA, FLA- 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-
5/18/00 893-6250