

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005429

1. Entity Name

GULFSIDE DEVELOPMENT COMPANY, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90091 027 ***150.00

Principal Place of Business

363 GRANELLO AVE
CORAL GABLES FL 33146

Mailing Address

363 GRANELLO AVE
CORAL GABLES FL 33146 1806

2. Principal Place of Business

7700 Red Road
Suite, Apt. #, etc.

3. Mailing Address

7700 Red Road
Suite, Apt. #, etc.

City & State

South Miami, FL

City & State

South Miami, FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. FEI Number

65-0585538

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

WEIDER, NORMAN S ESQ.
100 SE 2ND STREET STE. 3910
MIAMI FL 33131

Name

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, 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 DP
NAME WARD, JACKSON
STREET ADDRESS 363 GRANELLO AVE
CITY-ST-ZIP CORAL GABLES FL 33146
Same as #2 Above

TITLE DV
NAME JOHANSSON, STEFAN
STREET ADDRESS 363 GRANELLO AVE
CITY-ST-ZIP CORAL GABLES FL 33146
11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #

4-26-00 305-442-7008