## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000089238**1. Corporation Name

**GULL HOUSE PARTNERS, INC.** 

## **FILED** May 03, 1999 8:00 am Secretary of State

05-03-1999 90125 027 \*\*\*\*\*8.75 05-03-1999 90125 028 \*\*\*150.00



Principal Place of Business Mailing Address									
2300 CORAL WAY SUITE 200 SUITE 200									
SUITE 200		DO NOT WRITE			MOITE IN THE	IN THIS SPACE			
MIAMI FL 33145 MIAMI FL 33145					DO NOT WRITE IN THIS S  3. Date incorporated or Qualifed				
				}	11/21/19		ii Cu		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number			- Τ Δ,	oplied For
· ·			ahawa D					- <del></del>	ot Applicable
21 1717 N. Bayshore Drive 26 1717 N. Bay Suite Apt. #, etc. Suite Apt. #, etc.			snore D	LIVE	65-06407	02			Additional
	# 114	27 Suite # 114			<ol><li>Certificate of</li></ol>	Status Desire	ed 🔀	•	equired
City & Stat	7	City & State			6 Floating Co.	nnolen Einene		<del></del>	May Be
	Florida	28 Miami Florida		[	6. Election Car Trust Fund (		<sup>,g</sup>	•	to Fees
Zip	Country	Zip	Country		8. This corpora		current year li		10 1 000
24 33132		29 33132 30	·		Personal Pr		current year n	Yes	□No
24 30137	9. Name and Address of Current i		<u>'</u>		10. Name and	<u>·</u>	ew Registered		
			81 Name						
FLO	RIDA ANNUAL REPORT SERVICES		roperty			Inc.			
2300	82 Stree 1 7 1	t Addres 7 No	s(P.O. Box Num rth Bay	iber is Not Acq Shore	ceptable) Drive				
SUIT	83			D1101 C	<u> </u>				
MIAN	AI FL 33145		Sui	te 1	14				
			84 City				F	85 Zip	
44 Durauant	to the provisions of Sections 607 0503	and 607 1509 Florida Statuton	Mian		ation submite this	etatement for		<del></del>	132
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or/registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Lidia Cartaya, VP 430 99 Signature, typed or printed hame of registered agent and title if applicable. (NUTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND		13.			CHANGES TO	OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					☐ Change	Addition
NAME	BUCKREUS, GERTI		1.2 NAME	ļ					ļ
STREET ADDRESS	1717 N BAYSHORE DRIVE, SUIT	E 114	1.3 STREET ADDRESS	3					
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST-ZIP						
TITLE	V	(X) DELETE	2.1 TITLE	V				Change	Addition
NAME	LOPEZ-CANTARA, AMADA		2.2 NAME	Lid	ia Cart	aya			
STREET ADDRESS	2300 CORAL WAY SUITE 201		2.3 STREET ADDRESS		7 N. Ba		Drive	Suite	114
CITY+ST-ZIP	MIAMI FL 33145		2. 4 CITY-ST-ZIP		mi, FL,				
TITLE	S	☐ DELETE	3.1 TITLE	1110	1111	<u> </u>		Change	☐ Addition
NAME	CARTAYA, LIDIA		3.2 NAME					-	
STREET ADDRESS	1717 N BAYSHORE DRIVE, SUITI	E 114	3.3 STREET ADDRESS	3					
CITY-ST-ZIP	MIAMI FL 33132	<del>-</del> ···	3.4. CITY-ST-ZIP						
TITLE	*	☐ DELETE	4.1 TITLE		<del></del> -			☐ Change	☐ Addition
NAME			4. 2 NAME					_ <b>v</b> -	_
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE	+	<u> </u>	<del></del>		☐ Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS	3					
J			5.4 CITY-ST-ZIP						}
CITY-ST-ZIP .		☐ DELETE	6.1 TITLE	+				Change	Addition
		- Deteit	6.2 NAME					புகள்கும்	
NAME			6.3 STREET ADDRESS						
STREET ADDRESS				Ί					
CITY-ST-ZIP			6.4 CITY-ST-ZIP	1					

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 annual report or supplemental annual 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 12 or Block 13 if originged, or on an attachment with an address, with all other like empowered.

SIGNATURE: