

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089238

1. Entity Name

GULL HOUSE PARTNERS, INC.

Principal Place of Business

1717 N BAYSHORE DR
STE 114
MIAMI FL 33132

Mailing Address

1717 N BAYSHORE DR
STE 114
MIAMI FL 33132

2. Principal Place of Business

1717 N. Bayshore Drive

3. Mailing Address

1717 N. Bayshore Drive

Suite, Apt. #, etc.

Suite 208

Suite, Apt. #, etc.

Suite 208

City & State

Miami, FL

City & State

Miami, FL

Zip

33132

Country

USA

Zip

33132

Country

USA

6. Name and Address of Current Registered Agent

S & K PROPERTY MANAGEMENT INC
1717 N BAYSHORE DR
STE 114
MIAMI FL 33132

4. FEI Number

65-0640762

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

1717 N. Bayshore Drive

Suite 208

City
Miami

FL

Zip Code
33132

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, 2001 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 ☐ Delete
NAME PD
STREET ADDRESS BUCKREUS, GERTI
CITY-ST-ZIP 1717 N BAYSHORE DRIVE, SUITE 114
MIAMI FL 33132

TITLE ☐ Delete
NAME SV
STREET ADDRESS CARTAYA, LIDIA
CITY-ST-ZIP 1717 N BAYSHORE DRIVE, SUITE 114
MIAMI FL 33132

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1717 N BAYSHORE DRIVE, SUITE 208
CITY-ST-ZIP MIAMI FL 33132

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1717 N BAYSHORE DRIVE, SUITE 208
CITY-ST-ZIP MIAMI FL 33132

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

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

TITLE ☐ Change ☐ Addition
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 #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90490 001 *****8.75

05-03-2001 90490 002 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0155900