

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90006 040 ***550.00

DOCUMENT # P96000007611

1. Entity Name
GULFSTREAM MINING & MATERIALS, INC.

A0076161



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~783 S. DEERFIELD AVENUE~~
~~DEERFIELD BEACH FL 33442~~
2345 Hillsboro Blvd.
Deerfield Beach Fl. 33442

Mailing Address
~~783 S. DEERFIELD AVENUE~~
~~DEERFIELD BEACH FL 33442~~
2345 Hillsboro Blvd.
Deerfield Beach Fl 33442

2. Principal Place of Business
2345 Hillsboro Blvd.
 Suite, Apt. #, etc.
203

3. Mailing Address
2345 Hillsboro Blvd.
 Suite, Apt. #, etc.
203

City & State
Deerfield Beach, Fl.
 Zip
33442
 Country
USA

City & State
Deerfield Beach, Fl.
 Zip
33442
 Country
USA

4. FEI Number **65-0638395**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DALE, CHARLES S
414 NE FOURTH STREET
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **N/A**
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUBER, DANIEL		NAME		
STREET ADDRESS	783 S DEERFIELD AVE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-ST-ZIP		
TITLE	VPST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, OLE		NAME		
STREET ADDRESS	783 S DEERFIELD AVE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **S. JONES** **President** **9/8/00** **954.422.5766**
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #