

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103994

1. Entity Name

GUSPAV REALTY, INC.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90023 015 \*\*\*150.00

Principal Place of Business Mailing Address  
 1642 S.E. 3RD COURT 1642 S.E. 3RD COURT  
 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-4419  
 US US

2. Principal Place of Business 3. Mailing Address  
 1646 S.E. 3rd Court SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

Deerfield Beach, FL 33441

City & State City & State

USA

Zip Country Zip Country

4. FEI Number 65-0742245 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

ZIMMERMAN, STEPHEN L D  
 737 E. ATLANTIC BLVD  
 POMPANO BEACH FL 33060

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	PAVONE, JULIO	
STREET ADDRESS	43 N OCEAN BLVD	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	PD.	<input type="checkbox"/> Delete
NAME	PAVONE JULIO	
STREET ADDRESS	600 S. OCEAN BLVD. #703	
CITY-ST-ZIP	BOCA RATON, FL. 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)