## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000007460** Feb 10, 2000 8:00 am 1. Entity Name Secretary of State **GAMPEL FINANCIAL CORPORATION** 02-10-2000 90042 025 \*\*\*150.00 Principal Place of Business Mailing Address ONE TURNBERRY PLACE, STE 906 ONE TURNBERRY PLACE. STE 906 19495 BISCAYNE BLVD 19495 BISCAYNE BLVD AVENTURA FL 33180-2318 **AVENTURA FL 33180** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0737903 Not Applicable Country Zip **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWARTZ, JAY D ESQ Street Address (P.O. Box Number is Not Acceptable) ONE TURNBERRY PLACE, STE 906 19495 BISCAYNE BLVD **AVENTURA FL 33180** 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Delete TITLE GAMPEL, HARRY NAME NAME STREET ADDRESS 19495 BISCAYNE BLVD. STE 906 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition \_\_\_Change ☐ Delete ج چرچ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME

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.

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changed, or on an attachment with an address, with an other like empowered.

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SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

2-4-00

(365) 937-0010

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