2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90122 032 ***158.75

DOCUMENT # P97000019944

1. Entity Name

GULFSTREAM TRAINING ACADEMY, INC.

Principal Place of Business	Mailing Address
5302 NORTHWEST 21ST TERRACE	1815 GRIFFIN ROAD
FORT LAUDERDALE FL 33309	SUITE 400
US	DANIA FL 33004
	US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0737736   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
COOPER, THOMAS P 1815 GRIFFIN ROAD SUITE 400 DANIA FL 33004	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 _____
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, 2002 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	DST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COOPER, THOMAS P		NAME		
STREET ADDRESS	1815 GRIFFIN ROAD STE 400		STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004		CITY-ST-ZIP		
TITLE	DPV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COOPER, THOMAS L		NAME		
STREET ADDRESS	1815 GRIFIN ROAD STE 400		STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/01)

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: _Thomas P. Cooper_ Thomas P. Cooper   3/11/02   954-266-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #