

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026218

1. Entity Name

GULFSIDE KENDALL DRIVE, INC.

Principal Place of Business

363 GRANELLO AVE.
CORAL GABLES FL 33146

Mailing Address

363 GRANELLO AVE.
CORAL GABLES FL 33146-1806

2. Principal Place of Business

7700 Red Road

Suite, Apt. #, etc.

3. Mailing Address

7700 Red Road

Suite, Apt. #, etc.

City & State

South Miami, FL

City & State

South Miami, FL

Zip 33143

Country USA

Zip 33143

Country USA

4. FEI Number

65-0749093

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

WEIDER, NORMAN S ESQ.
100 S.E SECOND STREET
SUITE 3910
MIAMI FL 33131

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, 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 DP
NAME WARD, JACKSON
STREET ADDRESS 363 GRANELLO AVE.
CITY-ST-ZIP CORAL GABLES FL 33146
7700 Red Rd South Miami

TITLE DV
NAME JOHANSSON, STEFAN
STREET ADDRESS 363 GRANELLO AVE.
CITY-ST-ZIP CORAL GABLES FL 33146
1122 Noove

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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

4-26-00

Date

305-442-7008

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90091 026 ***150.00

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DO NOT WRITE IN THIS SPACE