

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90144 032 ***158.75

DOCUMENT # P97000034830

1. Entity Name
GULF REALTY, INC.



Principal Place of Business
3400 CORAL WAY PENTHOUSE
CORAL GABLES FL 33145

Mailing Address
3400 CORAL WAY PENTHOUSE
CORAL GABLES FL 33145



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2413444**

Applied For



Not Applicable

Zip

Country

Zip

Country

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

BEFELER, GEORGE
3400 CORAL WAY
MIAMI FL 33145

Name **James M. Assalone**

Street Address (P.O. Box Number is Not Acceptable)

3400 Coral Way

City **Miami**

FL

Zip Code **33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ☒ *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

James M. Assalone

DATE **01/21/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COOMER, JUANITA	
STREET ADDRESS	3400 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	VIDAL, HECTOR	
STREET ADDRESS	3400 CORAL WY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BEFELER, GEORGE	
STREET ADDRESS	3400 CORALWAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James M. Assalone	
STREET ADDRESS	3400 Coral Way	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynn Hernandez	
STREET ADDRESS	3400 Coral Way	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adolfo Rocha	
STREET ADDRESS	3400 Coral Way	
CITY-ST-ZIP	Miami, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** *James M. Assalone* **DATE** **01/21/03** **305-443-4853**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)