

2002 ~~UNIFORM BUSINESS REPORT (UBR)~~

0269460 AV

DOCUMENT # **P97000091888**

1. Entity Name

GULFSTREAM CAPITAL RESOURCES, INC.

FILED

02 DEC 17 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002

Principal Place of Business

290 NW 165 STREET
SUITE M-100
MIAMI FL 33169

Mailing Address

290 NW 165 STREET
SUITE M-500
MIAMI FL 33169

2. Principal Place of Business

3114 Commerce Parkway
Suite, Apt. #, etc.
miramar
City & State
Florida

3. Mailing Address

1551 La Costa Dr E.
Suite, Apt. #, etc.
Pembroke Pines
City & State
Florida

4. FEI Number

65-0789915

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: **GODWIN W. ESHESIMUA**
Street Address (P.O. Box Number is Not Acceptable):
1551 LA-COSTA DRIVE EAST
PEMBROKE PINES
City: **FL** Zip Code: **33027**

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)

12/17/02
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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ESHESIMUA, GODWIN W	
STREET ADDRESS	290 NW 165 STREET, SUITE M-100	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	C	<input type="checkbox"/> Delete
NAME	ESHESIMUA, CHARLES O	
STREET ADDRESS	290 NW 165 STREET, SUITE M-100	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESHESIMUA, EDWIN O	
STREET ADDRESS	290 NW 165 ST., STE M-500	
CITY-ST-ZIP	MIAMI FL 33169	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/02
Date

954-436-0949
Daytime Phone #

CR2E034 (9/01)