

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107952

1. Entity Name

GRESSONEY CORPORATION

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90026 007 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3900 PONCE DE LEON BOULEVARD~~  
CORAL GABLES FL 33134

~~3900 PONCE DE LEON BOULEVARD~~  
~~CORAL GABLES FL 33134~~

430 VALENCIA AVE.

2543 SE. MORNINGSIDE BLV

CORAL GABLES RA 33134

P/S. LUCIE. FL 34952-5422

634394



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0840963

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

OSMAN, L. MICHAEL  
1474-A WEST 84 STREET  
HIALEAH FL 33014

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 PD  
NAME WELF, LEONARDO 2543 MORNINGSIDE.  
STREET ADDRESS 3900 PONCE DE LEON BOULEVARD  
CITY-ST-ZIP CORAL GABLES FL 33134 P/S. LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME WELF, JULIE 2543 MORNINGSIDE.  
STREET ADDRESS 3900 PONCE DE LEON BOULEVARD  
CITY-ST-ZIP CORAL GABLES FL 33134 P/S. LUCIE FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)