

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000098399**

1. Entity Name

GULFSTREAM CAPITAL FINANCING, INC.**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90312 039 ***150.00

Principal Place of Business

6850 CORAL WAY
#403
MIAMI FL 33155
US

Mailing Address

6850 CORAL WAY
#403
MIAMI FL 33155
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0877280**

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

GARCIA, JOSE L
300 ARAGON AVE., S-305
CORAL GABLES FL 33134

Name

GARCIA, JOSE L.

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

6850 CORAL WAY, SUITE 403

City

MIAMI

FL

Zip Code

33155

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **P** ☐ Delete
NAME **GARCIA, JOSE L**
STREET ADDRESS **300 ARAGON AVE, S-305**
CITY-ST-ZIP **CORAL GABLES FL 33134**TITLE **P.** ☒ Change ☐ Addition
NAME **GARCIA, JOSE L.**
STREET ADDRESS **6850 CORAL WAY, SUITE 403**
CITY-ST-ZIP **MIAMI, FL 33155**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ 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

Jose L. Garcia

4/23/01

Date

305 740 8780

Daytime Phone #

CR2E034 (10/00)