

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022445

1. Entity Name
GULFSTREAM HOMEBUYERS INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90049 040 ***158.75

Principal Place of Business
17 MITCHELL AVE.
CHATHAM TOWNSHIP NJ 07928

Mailing Address
17 MITCHELL AVE.
CHATHAM TOWNSHIP NJ 07928

2. Principal Place of Business
3308 FRENCH DR
Suite, Apt. #, etc.

3. Mailing Address
3308 FRENCH DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BRIDGEWATER NJ
Zip
08807
Country
USA

4. FEI Number 22-3636871
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
NO. 1114
MIAMI BEACH FL 33139-0000

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	C/P DOLEZAL, EDWARD J 3308 FRENCH DRIVE BRIDGEWATER NJ 08807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

EDWARD J DOLEZAL JR. EX

Date

10 APR 16, 2001

Daytime Phone #

908-439-2200

CR2E034 (10/00)