

2001 UNIFORM BUSINESS REPORT (UBR)

5/21.

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-21-2001 90351 008 ***150.00

DOCUMENT #

999 000061169

1. Entity Name

Gulfstream Mailing & Addressing Co., Inc.

Principal Place of Business

Mailing Address

1501 SW 5th Ct.

Ste A

Pompano Beach, FL 33069

2. Principal Place of Business

1501 SW 5th Ct.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Ste A.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

4. FEI Number

65 09 32253

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

Robert Finston

1501 SW 5th Ct. Ste A.

Pompano Beach, FL 33069

7. Name and Address of New Registered Agent

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 MONTHLY FEE \$150.00
 After MAY 1, 2001 Fee will be \$200.00
 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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

Director

John Rupp

1501 SW 5th Ct. Ste A.

Pompano Beach, FL 33069

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ 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)(f), 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

6/18/01

Date

561-272-1976

Director/Secretary

CR2034 (1/1/00)