## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P99000061169

1. Entity Name

GULFSTREAM MAILING & ADDRESSING CO., INC.



FILED
May 09, 2003 8:00 am & Secretary of State
05-09-2003 90139 027 \*\*\*150.00

						COO WE THE					
Principal Place of Business 6555 N. POWERLINE RD. STE 408 FORT LAUDERDALE FL 33309			6555 STE 4	Mailing Address 6555 N. POWERLINE RD. STE 408 FORT LAUDERDALE FL 33309							
2. Principal Place of Business			3. Mai	3. Mailing Address					<b>                                      </b>	<b>1 1</b> 1115 1111 1111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City	City & State				4. FEI Number 65-0932253 Applied For Not Applicable			
Zip Country			Zip		ntry	5. Certificate of Status Desired					
6. Name and Address of Current I				Registered Agent			7.	7. Name and Address of New Registered Agent			
						Name					
FINSTON, ROBERT 6555 N. POWERLINE RD.				Street			ddress (P.O. Box Number is Not Acceptable)				
STE 408											
FORT LAUDERDALE FL 33309					City		F	Zip Co	de		
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. I am familiar with, and accept the obligations of registered agent.  Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
<u>-</u>	Signature, typed	or printed fiathe or registated agen	and the mapp	(NOTE	nogistere	a Agent signature requi	aco when	Tellistaning)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees			
10. OFFICERS AND DIRECTORS 11.						· <u>-</u> -			D DIRECTOR	DC IN 11	
	<u> </u>	OFFICERS AND	DIRECTO		_		AL	DUTTONS/CHANGES TO OFFICERS AN			
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rinerepy 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 10 or Block 11 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