

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90005 044 ***558.75

DOCUMENT # **P99000109890**

1. Entity Name
GULF CO-INVEST, INC.

Principal Place of Business 5300 WEST CYPRESS STREET SUITE 261 TAMPA, FL 33607	Mailing Address 5300 WEST CYPRESS STREET SUITE 261 TAMPA, FL 33607
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2. Principal Place of Business 3001 N. Rocky Pointe Drive	3. Mailing Address 3001 N. Rocky Pointe Drive
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Suite, Apt. #, etc. Suite 335	Suite, Apt. #, etc. Suite 335
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33607	Zip 33607
Country USA	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3616969	Applied For <input type="checkbox"/> Not Applicable
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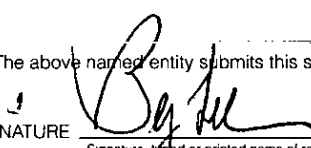
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Ben Felder, Esquire
Street Address (P.O. Box Number is Not Acceptable) 1505 North Florida Avenue
City Tampa
State FL
Zip Code 33601

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  DATE **9/13/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	President, Secretary, Treasurer SARDAR FIDA HUSSAIN 3001 N. Rocky Pointe Drive, Suite 335 Tampa, FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SARDAR FIDA HUSSAIN 3001 N. Rocky Pointe Drive, Suite 335 Tampa, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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

Date **9/13/2000** Daytime Phone #

CRZE034 (9/99)