

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 18, 2000 08:00 AM  
Secretary of State****DOCUMENT # S29133****1. Entity Name**

GULFSTREAM REAL ESTATE SERVICES, INC.

**Principal Place of Business**1844 N. NOB HILL ROAD  
435  
PLANTATION  
33322  
US**Mailing Address**1844 N. NOB HILL ROAD  
435  
PLANTATION  
33322  
US**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State****Zip****Country****Zip****Country****4. FEI Number**

65-0244875

**Applied For**

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**LEIBOWITZ PATRICIA  
1844 N. NOB HILL ROAD  
STE. 435  
PLANTATION  
33322  
US**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)

**01/18/2000**

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, 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****TITLE** D ☐ Delete  
**NAME** HOUCHIN PETER  
**STREET ADDRESS** 1844 N. NOB HILL ROAD, #435  
**CITY-ST-ZIP** PLANTATION FL**TITLE** PDTS ☐ Delete  
**NAME** LEIBOWITZ PATRICIA A  
**STREET ADDRESS** 1844 N. NOB HILL ROAD, #435  
**CITY-ST-ZIP** PLANTATION FL**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** D ☒ Change ☐ Addition  
**NAME** HOUCHIN PETER  
**STREET ADDRESS** 1844 N. NOB HILL ROAD, #435  
**CITY-ST-ZIP** PLANTATION FL 33322**TITLE** PDTS ☒ Change ☐ Addition  
**NAME** LEIBOWITZ PATRICIA A  
**STREET ADDRESS** 1844 N. NOB HILL ROAD, #435  
**CITY-ST-ZIP** PLANTATION FL 33322**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**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)(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** PATRICIA A. LEIBOWITZ

R 01/18/2000