

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90117 013 ***158.75

DOCUMENT # S33100

1. Entity Name
GULF ATLANTIC INDUSTRIES OF AMERICA, INC.

Principal Place of Business

**18305 BISCAYNE BLVD
 SUITE 210
 AVENTURA FL 33160**

Mailing Address

**18305 BISCAYNE BLVD
 SUITE 210
 AVENTURA FL 33160**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0253574**

Applied For

Not Applicable

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

**CORPORATION INFORMATION SERVICES, INC.
 1201 HAYES STREET
 TALLAHASSEE FL 32301**

Name **RICHARD RIESENBERG**
 Street Address (P.O. Box Number is Not Acceptable)
644 E. HALLANDALE BCH BLVD
 City **HALLANDALE** FL Zip Code **33009**

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)

15 April 2002

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Delete
NAME **LEBOVITZ, MARVIN**
STREET ADDRESS **1661 N HERMITAGE RD**
CITY-ST-ZIP **FT MYERS FL**

☒ Change ☐ Addition
TITLE
NAME **042 S. TOWN AND RIVER ROAD**
STREET ADDRESS **FT MYERS, FL 33919**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **LUDWIG, ROBERT P III**
CITY-ST-ZIP **174 PARK DR**
BAL HARBOR FL 33154

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 April 2002 305 937-0500
 Date Daytime Phone #

CR2E034 (9/01)