

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58060

1. Entity Name

GFA PROPERTIES, INC.

Principal Place of Business

2304 S. MILITARY TR.
WEST PALM BEACH FL 33415
US

Mailing Address

1312 COMMERCE LANE
SUITE 2B
JUPITER FL 33458-5640

2. Principal Place of Business

2506 S.E. WILLOUGHBY BLVD

Suite, Apt. #, etc.

3. Mailing Address

2506 S.E. WILLOUGHBY BLVD

Suite, Apt. #, etc.

City & State

STUART FL

City & State

STUART FL

Zip

34994

Country

MARTIN

Zip

34994

Country

MARTIN

4. FEI Number

65-6108555

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

PURINO, ALBERT T
9040 BELVEDERE ROAD
SUITE 200
WEST PALM BEACH FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

2506 SE WILLOUGHBY BLVD

City

STUART

FL

Zip Code

34994

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 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	D GIOACCHINO, POMA 9040 BELVEDERE ROAD WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMA, FRANK 9040 BELVEDERE RD #200 WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURINO, ALBERT T. 9040 BELVEDERE RD #200 WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIOACCHINO, POMA 9040 BELVEDERE ROAD WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2506 S.E. WILLOUGHBY BLVD STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2506 S.E. WILLOUGHBY BLVD STUART FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2506 S.E. WILLOUGHBY BLVD STUART FL 34994
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"/> 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 affidavit, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

561-743-4678

Daytime Phone #

CR2E034 (9/99)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90164 033 ***150.00



DO NOT WRITE IN THIS SPACE