

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90167 024 ***150.00

DOCUMENT # V58060

1. Entity Name
GFA PROPERTIES, INC.



Principal Place of Business

**368 SE POMA WAY
STUART FL 34994
US**

Mailing Address

**368 SE POMA WAY
STUART FL 34994
US**

2. Principal Place of Business

2642 SE WILLOUGHBY BLVD

Suite, Apt. #, etc.

3. Mailing Address

2642 SE WILLOUGHBY BLVD

Suite, Apt. #, etc.

City & State

STUART FL

Zip

34994

Country

City & State

STUART, FL

Zip

34994

Country

4. FEI Number

65-6108555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PURINO, ALBERT T
368 SE POMA WAY
STUART FL 34994**

7. Name and Address of New Registered Agent

Name

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

2642 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/03

DATE

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete

NAME **GIOACCHINO, POMA**
STREET ADDRESS **368 SE POMA WAY**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Delete

NAME **POMA, FRANK**
STREET ADDRESS **368 SE POMA WAY**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ Delete

NAME **PURINO, ALBERT T.**
STREET ADDRESS **368 SE POMA WAY**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **- 2642 SE WILLOUGHBY BLVD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **- 2642 S.E. WILLOUGHBY BLVD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **- 2642 S.E. WILLOUGHBY BLVD.**
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

772-287-9798

Daytime Phone #

CR2E034 (10/02)