

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90151 038 ***150.00

DOCUMENT # F94000000702

1. Entity Name
HORAN, GOLDMAN COMPANIES, INC.

Principal Place of Business 9690 NW 41ST MIAMI FL 33178 US	Mailing Address 485 DEVON PARK DRIVE, STE 115 P.O. BOX 288 WAYNE PA 19087
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2. Principal Place of Business 3900 NW 79th Ave, FL	3. Mailing Address
Suite, Apt. #, etc. Suite 724	Suite, Apt. #, etc.
City & State miami FL	City & State
Zip 33166	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1735641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, RONALD 9690 NW 41ST STREET MIAMI FL 33178	7. Name and Address of New Registered Agent Name Harold Lee Gregory Jr Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79th Ave Suite 724 City miami, FL Zip Code 33166

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 Harold Lee Gregory Jr & Harold Lee Gregory Sr 1/31/01
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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TORRES, RONALD		NAME Harold Lee Gregory Jr	
STREET ADDRESS 9690 NW 41ST STREET		STREET ADDRESS 3900 NW 79th Ave - Suite 724	
CITY-ST-ZIP MIAMI FL		CITY-ST-ZIP Miami, FL 33166	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRANCO, MARY M.		NAME	
STREET ADDRESS 485 DEVON PARK DR STE 115		STREET ADDRESS	
CITY-ST-ZIP WAYNE PA		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POSTILNICK, STANLEY		NAME	
STREET ADDRESS 485 DEVON PATEK, DR, STE 115		STREET ADDRESS	
CITY-ST-ZIP WAYNE PA 19087		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Maureen Charles 1-31-01 610-688-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0443 J

CR2E034 (10/00)