

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020289

1. Entity Name
M. GOLDKROWN, INC.

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90111 050 ***150.00

Principal Place of Business
% KRONGOLD AND TODD, P.A.
201 ALHAMBRA CIRCLE 8TH FLOOR
CORAL GABLES FL 33134

Mailing Address
% KRONGOLD AND TODD, P.A.
201 ALHAMBRA CIRCLE 8TH FLOOR
CORAL GABLES FL 33134



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
City & State

4. FEI Number 65-0840219
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KRONGOLD, M R
% KRONGOLD AND TODD, P.A.
201 ALHAMBRA CIRCLE, 8TH FLOOR
CORAL GABLES FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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	P KRONGOLD, M R 201 ALHAMBRA CIRCLE, 8TH FLOOR CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Krongold, Randi M. 201 Alhambra Circle, Suite 801 Coral Gables, FL 33134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRONGOLD, GLENDA 201 ALHAMBRA CIRCLE, 8TH FLOOR CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 305-446-3033
Date Daytime Phone #

0014296 AV

CR2E034 (9/01)