

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90105 004 \*\*\*550.00

**DOCUMENT # 219460**

1. Entity Name  
**CONNI GORDON INC.**

Principal Place of Business

427 22ND STREET  
 MIAMI BEACH FL 33139

Mailing Address

427 22ND STREET  
 MIAMI BEACH FL 33139

00079847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6076138**

Applied For  
 Not Applicable

Zip Country Zip Country

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

~~GORDON, CONNI~~  
 427 22ND STREET  
 MIAMI BEACH FL 33139

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PD GORDON, CONNI 427 22ND STREET MIAMI BEACH FL 33139	<input 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(j), 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: *Conni Gordon* Aug 11 00 305 532-1001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (5/00)

Attachment  
Doc # : 219460  
0079847

CONNIE GORDON

427-22 Street  
Miami Beach, Florida 33139  
(305) 532-1001 / FAX (305) 532-5811

Div of Corporations  
P O Box 6327  
Tallahassee FL 32314

Re: QUESTIONS regarding Corporate Filing

Hello

WHY did we NOT RECEIVE an initial notification before May to  
avoid a penalty payment?

We are semi-retired now and have let go our CPA years ago....and  
due to restricted income  
and business  
would like your suggestions as to how we can get the necessary forms  
to pay a lesser fee to maintain our corporate status, even though inactive.



PLEASE HELP!!!!

Attaching the only report we did receive, for which we're imposed a \$400  
fine????? Ouch.

Thank you.

*Connie Gordon*  
Connie Gordon