

2002 UNIFORM BUSINESS REPORT (UBR)

0017803 AT

DOCUMENT # **A28048**

1. Entity Name

N.J. GOLDMEIER LTD.

FILED

02 FEB 14 PM 2: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**MACK CENTRE VI, PO BOX 1765
61 S. PARAMUS ROAD
PARAMUS NJ 07652**

Mailing Address
**P.O. BOX 1765
PARAMUS NJ 07652**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

58-1833323

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

**GOLDMEIER, BARRY S
1000 MARINER DRIVE
KEY BISCAVNE FL 33149**

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 _____

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

DATE _____

9. Capital Contributions as Shown on record.

\$8.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **K72512**
NAME **GOLDMEIER (N.J.) CORP.**
STREET ADDRESS **MACK CENTRE VI 61 S. PARAMUS RD.**
CITY-ST-ZIP **PARAMUS NJ 07652**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
GOLDMEIER (N.J.) CORP

[Signature]
Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)