

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90113 031 ***150.00

DOCUMENT # F02000002044

1. Entity Name
GOOD LIVING EXPOSITIONS, INC.



Principal Place of Business
**162 GRANDVIEW AVE.
NANUET NY 10954**

Mailing Address
**PO BOX 810
NANUET NY 10954**

2. Principal Place of Business
2629 CENTER COURT DR
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 266558
Suite, Apt. #, etc.

City & State
WESTON, FL

City & State
WESTON, FL

4. FEI Number **13-3407563**

Applied For
Not Applicable

Zip
33332

Country
BROWARD

Zip
33326

Country
BROWARD

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KATZ, GARY
2629 CENTER CT. DR.
WESTON FL 33332

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

SIGNATURE **GARY KATZ**
Signature, Name, or Printed Name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/15/03**

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 **DP** ☐ Delete
NAME **KATZ, GARY**
STREET ADDRESS **162 GRANDVIEW AVE.**
CITY-ST-ZIP **NANUET NY 10954**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **GARY KATZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)