

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90020 044 \*\*\*150.00

**DOCUMENT # F48608**

1. Entity Name  
**GORIN REALTY, INC.**

Principal Place of Business

~~21332 WEST DIXIE HIGHWAY~~  
~~N. MIAMI BEACH FL 33180~~  
~~US~~

Mailing Address

~~21332 WEST DIXIE HIGHWAY~~  
~~N. MIAMI BEACH FL 33180~~  
~~US~~

2. Principal Place of Business

**1920 E. HALLANDALE BCH BLV**

Suite, Apt. #, etc.

**STE 708**

City & State

**HALLANDALE, FL**

Zip

**33009**

Country

3. Mailing Address

**1920 E. Hallandale Bch Blvd.**  
**Ste 708 Hallandale, FL 33009**

City & State

Zip

Country

4. FEI Number

**59-2128175**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**GORIN, MOISES**  
**21332 W. DIXIE HIGHWAY**  
**N. MIAMI BEACH FL 33180**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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

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.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee 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

TITLE ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **GORIN, MOISES**  
 CITY-ST-ZIP **21332 W DIXIE HWY**  
**N MIAMI BCH FL 33180**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1920 E. Hallandale Bch Blvd.**  
 CITY-ST-ZIP **Ste 708 Hallandale, FL 33009**

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: **MOISES GORIN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-454-7868**

CR2E034 (4/02)

*Attachment*

*119754*

# Gorin Realty, Inc.

July 3, 2002

FLORIDA DEPARTMENT OF STATE  
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Doc # F48608

~~FEI 59-2128175~~

Dear Sir/Madame:

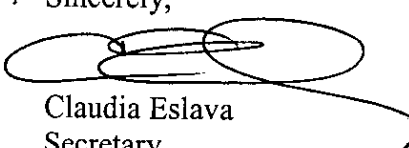
We have moved our office to Hallandale, Fl in January of this year. Today, it came to our attention your office still using our old address, and therefore, the UBR form were never received or lost in the mail.

As the person in charge of payments, I didn't realize we had not received the URR form, and therefore, oversight its payment.

I request your kind understanding of this matter and waive the due -fee imposed in our account.

Thank for your attention to this matter.

Sincerely,



Claudia Eslava  
Secretary

Enc: Check #1017 for \$150.00