

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90151 038 ***150.00

DOCUMENT # F94000000702

1. Entity Name

HORAN, GOLDMAN COMPANIES, INC.

Principal Place of Business

9690 NW 41ST
MIAMI FL 33178
US

Mailing Address

485 DEVON PARK DRIVE, STE 115
P.O. BOX 288
WAYNE PA 19087

2. Principal Place of Business

3900 NW 79th Ave, Suite 724

3. Mailing Address

Suite, Apt. #, etc.

Suite 724

City & State

miami, FL

City & State

Zip

33166

Country

USA

Country

4. FEI Number

23-1735641

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

TORRES, RONALD
9690 NW 41ST STREET
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

Harold Lee Gregory Jr

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

3900 NW 79th Ave

Suite 724

City

miami, FL

FL

Zip Code

33166

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

Harold Lee Gregory Jr & Harold Lee Gregory Jr 1/31/01

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 \$150.00
After MAY 1, 2001 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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TORRES, RONALD	
STREET ADDRESS	9690 NW 41ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRANCO, MARY M.	
STREET ADDRESS	485 DEVON PARK DR STE 115	
CITY-ST-ZIP	WAYNE PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	POSTILNICK, STANLEY	
STREET ADDRESS	485 DEVON PATEK, DR, STE 115	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Lee Gregory Jr	
STREET ADDRESS	3900 NW 79th Ave - Suite 724	
CITY-ST-ZIP	miami, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mauro Carlos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-01

Date

610-688-3444

Daytime Phone #

CR2E034 (10/00)