

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K46845

1. Entity Name  
**GURIN DISCOUNT LIQUORS, INC.**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90210 010 \*\*\*150.00

Principal Place of Business  
**FLITE-RITE INDUSTRIES**  
**6245 NORTH POWERLINE ROAD**  
**FORT LAUDERDALE FL 33309**  
**US**

Mailing Address  
**FLITE-RITE INDUSTRIES**  
**6245 NORTH POWERLINE ROAD**  
**FORT LAUDERDALE FL 33309**  
**US**

2. Principal Place of Business  
**1321C NW 65th Place**  
Suite, Apt. #, etc.

3. Mailing Address  
**1321C NW 65th Place**  
Suite, Apt. #, etc.

City & State  
**Fort Lauderdale, Fl.**

City & State  
**Fort Lauderdale, Fl**

Zip  
**33309**

Country  
**US**

Zip  
**33309**

Country  
**US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0157548** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**GURIN, IRA**  
**2840 N.E. 25TH STREET**  
**FT. LAUDERDALE FL 33305**

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.

SIGNATURE \_\_\_\_\_ (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 |                         |                                 |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                       |  |  |
|----------------------------|-------------------------|---------------------------------|--|---|-----------------------|--|--|
| TITLE                      | PD                      | <input type="checkbox"/> Delete |  | TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | GURIN, IRA              |                                 |  | NAME  |                       |  |  |
| STREET ADDRESS             | 2840 N.E. 25TH STREET   |                                 |  | STREET ADDRESS  |                       |  |  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL 33305 |                                 |  | CITY-ST-ZIP   |                       |  |  |
| TITLE                      | C                       | <input type="checkbox"/> Delete |  | TITLE   | C                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | ALLGOOD, HUGH G.        |                                 |  | NAME  | Allgood Hugh G        |  |  |
| STREET ADDRESS             | 430 NE 8TH AVE          |                                 |  | STREET ADDRESS  | 1685 NW 67ave         |  |  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL       |                                 |  | CITY-ST-ZIP   | Margate Florida 33063 |  |  |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                         |                                 |  | NAME  |                       |  |  |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |                       |  |  |
| CITY-ST-ZIP                |                         |                                 |  | CITY-ST-ZIP   |                       |  |  |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                         |                                 |  | NAME  |                       |  |  |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |                       |  |  |
| CITY-ST-ZIP                |                         |                                 |  | CITY-ST-ZIP   |                       |  |  |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                         |                                 |  | NAME  |                       |  |  |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |                       |  |  |
| CITY-ST-ZIP                |                         |                                 |  | CITY-ST-ZIP   |                       |  |  |
| TITLE                      |                         | <input type="checkbox"/> Delete |  | TITLE   |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                         |                                 |  | NAME  |                       |  |  |
| STREET ADDRESS             |                         |                                 |  | STREET ADDRESS  |                       |  |  |
| CITY-ST-ZIP                |                         |                                 |  | 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: **Ira Gurin** *[Signature]* **3/28/01** **954-957-9229**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)