

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90087 012 \*\*\*\*50.00

**DOCUMENT # L01000003507**

**1. Entity Name**  
**1917 COLLINS, LLC**

**Principal Place of Business**  
**3015 N. OCEAN BLVD., APT. 2A**  
**FT LAUDERDALE FL 33308**

**Mailing Address**  
**3015 N. OCEAN BLVD., APT. 2A**  
**FT LAUDERDALE FL 33308**

**933739**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired**

☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GEFTMAN, JONATHAN**  
**3015 N. OCEAN BLVD., APT. 2A**  
**FT LAUDERDALE FL 33308**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** MEM ☐ Delete  
**NAME** S 2 GOLD, INC.  
**STREET ADDRESS** 3015 N OCEAN BLVD, APT 2A JONATHAN GEFTMAN  
**CITY-ST-ZIP** FT LAUDERDALE FL 33308

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/8/02

215-504-8411

CR2E083 (9/01)