

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90059 021 \*\*\*150.00

DOCUMENT # **L38300**

1. Entity Name  
**SETH GORDON ASSOCIATES, Inc.**

Principal Place of Business Mailing Address  
**444 Brickell Ave**  
**# 1050**  
**MIAMI, FL 33131**

**C0048980**

2. Principal Place of Business 3. Mailing Address  
**2222 Ponce de Leon Blvd** **2222 Ponce de Leon Blvd**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Ste 300** **Ste 300**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**Coral Gables, FL** **Coral Gables, FL** **65-0163788** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
**33134** **USA** **33134** **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Gordon, Seth**  
**3904 BRAGANZA AVE**  
**MIAMI, FL**

Name **Seth Gordon**  
 Street Address (P.O. Box Number is Not Acceptable) **3563 Royal Palm Ave**  
 City **Cocoanut Grove** **FL** Zip Code **33133**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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 **\$5.00** May Be Added to Fees  
 Trust Fund Contribution:

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DPC</b>	NAME	
STREET ADDRESS	<b>GORDON, SETH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>3904 BRAGANZA MIAMI, FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b>	NAME	
STREET ADDRESS	<b>BEADLEY, LAURA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>3904 BRAGANZA MIAMI, FL</b>	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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **April 12, 2001** Daytime Phone # **(305) 442-4788**

CR2E034 (11/00)