

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90058 046 ***150.00

031217 AV

DOCUMENT # M82756

1. Entity Name

C.B.G. LAND COMPANY, INC.

Principal Place of Business

% CRAIG GOLDSTEIN
 3819 NW 49 STREET
 TAMARAC FL 33309
 US

Mailing Address

% CRAIG GOLDSTEIN
 3819 NW 49 STREET
 TAMARAC FL 33309
 US

2. Principal Place of Business

3681 W. OAKLAND PARK BLVD.

3. Mailing Address

3681 W. OAKLAND PARK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAUDERDALE LAKES FL

City & State

LAUDERDALE LAKES FL

4. FEI Number

65-0054219

Applied For

Not Applicable

Zip

Country

33311

USA

Zip

Country

33311

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, CRAIG
3819 NW 49 STREET
TAMARAC FL 33309

7. Name and Address of New Registered Agent

Name

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

3681 W. OAKLAND PARK BLVD

City

LAUDERDALE LAKES

FL

Zip Code
33311

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

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPS
GOLDSTEIN, CRAIG
3819 NW 49 STREET
TAMARAC FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
3681 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33311

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

CRAIG GOLDSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

954 731 1115

Daytime Phone #

CR2E034 (9/01)