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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 11, 2002 8:00 am \$ Secretary of State ... DOCUMENT # M99979 1. Entity Name GOLDEN TRIANGLE REALTY, INC. 02-11-2002 90098 015 ***150.00 Mailing Address Principal Place of Business 6300 N. WICKHAM RD. **60 CUTTERMILL ROAD** MELBOURNE FL 32940 **SUITE 212 GREAT NECK NY 11021** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 13-3483957 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT_CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 7R2F034 (G/01) ☐ Addition TITLE ☐ Delete TITLE ☐ Change DP NAME LEVY, JERROLD , G NAME STREET ADDRESS STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212 CITY-ST-ZIP CITY-ST-ZIP **GREAT NECK NY** Change ☐ Addition ☐ Delete TITLE TITLE NAME JARDINE, JEFFREY P STREET ADDRESS STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212 CITY-ST-ZIP CITY-ST-7IP **GREAT NECK NY 11021** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME SCHLOSSBERG, MORTON, J STREET ADDRESS STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212 CITY-ST-ZIP CITY-ST-ZIE **GREAT NECK NY 11021** ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.