

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N46500**

1. Entity Name

GOLDEN HEIGHTS MULTI-CRISIS CENTER, INC.**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90006 047 ****61.25

80000654

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 5488 P.O. BOX 5488
FORT LAUDERDALE FL 33310 FORT LAUDERDALE FL 33310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-2320178

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENTHAL, STUART S
555 SW 12TH AVE
POMPANO BEACH FL 33089**

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 \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WASHINGTON, W.F.
STREET ADDRESS 2051 MARTIN L. KING BLVD
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE VD ☐ Delete
NAME BRAZIEL, RICHARD
STREET ADDRESS 2051 MARTIN L. KING BLVD
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE TD ☐ Delete
NAME BAKER, WILLIE
STREET ADDRESS 2051 MARTIN L. KING BLVD.
CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE SD ☐ Delete
NAME ROSENTHAL, STUART S
STREET ADDRESS 555 SW 12TH AVE
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)