## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P00000055801 1. Entity Name GORDON ESTATES, INC. 04-13-2001 90035 050 \*\*\*150.00 Principal Place of Business Mailing Address 4000 N. FEDERAL HWY., SUITE 201 4000 N. FEDERAL HWY., SUITE 201 BOCA RATON FL 33431 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address 3839 NW Boca Ratan Blud Soms DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 00-B Applied For City & State City & State 4. FEI Number <u>02-109//80</u> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name\_ LEVINE, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 4000 N. FEDERAL HWY., SUITE 201 **BOCA RATON FL 33431** 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE NAME NAME LEVINE, JEFFREY A STREET ADDRESS STREET ADDRESS 4000 N. FEDERAL HWY., SUITE 201 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** *205* ☐ Change ☐ Delete TITLE Gordan, Robert 3839 NW Book Roton Blyd # 100-A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_\_ Change \_\_\_ Addition\_ Delete. ブムク TITLE: TITLE = zoloreNAME NAME FOX # GUB STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND THE DOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

5(1-338-8900