

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

06-20-2001 90003 003 ***550.00

DOCUMENT # P00000073917

1. Entity Name

GORDON CONSULTING CORP.

Principal Place of Business
**501 SOUTHWEST 8TH STREET
 FORT LAUDERDALE FL 33315**

Mailing Address
**501 SOUTHWEST 8TH STREET
 FORT LAUDERDALE FL 33315**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

165-1246569

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**

**KIPNIS, ALAN G
 KIPNIS, TESCHER LIPPMAN & VALINSKY
 100 N.E. THIRD AVE., SUITE 610
 FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered AgentName **MONA GORDON**Street Address (P.O. Box Number is Not Acceptable)
321 SOUTHWEST 8TH STCity **FORT LAUDERDALE****FL**Zip Code **33315**

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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **GORDON, MONA**
 CITY-ST-ZIP **501 SOUTHWEST 8TH STREET
 FORT LAUDERDALE FL 33315**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE034 (10/00)