

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91612 037 \*\*\*150.00

DOCUMENT # **P010000061410**  
1. Entity Name  
**GORDON AT SAN MICHELE, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3839 NW BOCA RATON BLVD.**  
Suite, Apt. #, etc.  
**SUITE 100A**  
City & State  
**BOCA RATON, FL**  
Zip  
**33431** Country  
3. Mailing Address  
Suite, Apt. #, etc.  
**(SAME AS)**  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**05-1125317**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**JEFFREY A. LEVINE, P.A.**  
Street Address (P.O. Box Number Not Acceptable)  
**4000 FEDERAL HWY.**  
**SUITE 201**  
**BOCA RATON FL 33431**

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<b>PSD ROBERT GORDON 3839 NW BOCA RATON BLVD. BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS SUITE 100A</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSPD GARY GORDON 3839 NW BOCA RATON BLVD. BOCA RATON, FL 33431</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SUITE 100A</b>

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)