

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90212 039 \*\*\*150.00

**DOCUMENT # P93000048372**

1. Entity Name

W & E GORDON, INC.

Principal Place of Business

Mailing Address

5030 CHAMPION BLVD  
 SUITE F4  
 BOCA RATON FL 33496  
 US

23265 MIRABELLA CIRCLE NORTH  
 BOCA RATON FL 33445-5733

2. Principal Place of Business

3. Mailing Address

550 S. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 705

City & State

City & State

BOCA RATON FL

4. FEI Number

65-0427552

Applied For

Not Applicable

Zip

Country

Zip

Country

33432

USA

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

GORDON, ELAINE  
 23265 MIRABELLA CIRCLE N  
 BOCA RATON FL 33433

Name

ELAINE GORDON

Street Address (P.O. Box Number is Not Acceptable)

550 S OCEAN BLVD

APT 705

City

BOCA RATON

FL

Zip Code

33432

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

Elaine Gordon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-25-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **GORDON, ELAINE**  
 STREET ADDRESS **23265 MIRABELLA CIRCLE N**  
 CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

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.

SIGNATURE:

Elaine Gordon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-00

Date

561 294 6167

Daytime Phone #

Attachment  
P93000048372  
000064

W @ E GORDON, INC.  
550 SOUTH OCEAN BLVD. APT 705  
BOCA RATON FL 33432

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

AUGUST 15, 2000

SUBJECT: W@E GORDON, INC.  
REF. NUMBER: P93000048372

THIS LETTER IS IN REFERENCE TO OUR 2000 UNIFORM BUSINESS REPORT.

PLEASE WAVE ANY PENALTIES FOR OUR CORPORATION, AS  
WE MOVED FROM OUR FORMER LOCATION. THE FORM WAS NOT  
FORWARDED TO US. ONE OF OUR FORMER NEIGHBORS FOUND IT  
AND GAVE TO US MANY MONTHS LATER. WE MAILED IT IN AS SOON  
WE RECEIVED IT.

ENCLOSED IS THE CORRECTED FORM AND A CHECK FOR \$150.00..  
WE WOULD APPRECIATE IT IF YOU WOULD ABATE THE PENALTY.

THANK YOU

  
ELAINE GORDON