

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082774

1. Entity Name
GOLDEN GRAPHICS, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90008 022 ***150.00

Principal Place of Business

4925 COLLINS AVE
APT 3G
MIAMI BEACH FL 33140

Mailing Address

7 W. 45TH STREET
SUITE 1102
NEW YORK NY 10036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0451723

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HALPERN, BERNARD
4925 COLLINS AVE
APT 3G
MIAMI BEACH FL 33140

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HALPERN, BERNARD
160 W. 71ST STREET APT 17E
NEW YORK NY 10023 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

7/14/00
Date

212-575-2105
Daytime Phone #

CR2E034 (5/00)

Attachment
~~00071810~~
00071810
#P30000082774

DEAR JANE,

7/12/00

AS PER YOUR

INSTRUCTION OVER THE
TELEPHONE ON THE
ABOVE DATE, WE DID NOT
RECEIVE THE FIRST NOTICE.
THIS SECOND NOTICE IS
THE ONLY ONE RECEIVED.

PLEASE FIND ENCLOSED \$150.00
AS YOU'VE REQUESTED.

THANKS *Bennett*