

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000104837**

1. Entity Name

GOLDEN TRIANGLE MANAGEMENT CORP.**FILED**
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90024 041 ***150.00

0575070

Principal Place of Business
6765 NORTH WICKHAM ROAD
SUITE #C-106
MELBOURNE FL 32940

Mailing Address
69 CUTTERMILL ROAD
SUITE 212
GREAT NECK NY 11021
US

000439



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6767 N. Wickham Road
Suite, Apt. #, etc.
Suite 400
City & State
MELBOURNE, FL
Zip
32940

3. Mailing Address
60 Cuttermill Road
Suite, Apt. #, etc.
Suite 212
City & State
GREAT NECK, NY
Zip
11021
Country
USA

4. FEI Number **59-3481492**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

GOLDING, HARRIET
GOLDEN TRIANGLE REALTY INC.
6765 NORTH WICKHAM RD.
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
PLANTATION **FL** Zip Code
33324

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

Jennifer L. Morgan
CT Corporation System
Assistant Secretary

1-9-01

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VP	BROUGH, RICHARD A JR.	6765 NORTH WICKHAM ROAD, SUITE #C-106	MELBOURNE FL 32940	<input checked="" type="checkbox"/>
DP	LEVY, JERROLD G	60 CUTTER MILL ROAD, SUITE 212	GREAT NECK NY 11021	<input type="checkbox"/>
DS	SCHLOSSBERG, MORTON J	60 CUTTER MILL ROAD, SUITE 212	GREAT NECK NY 11021	<input type="checkbox"/>
DT	JARDINE, JEFFREY P	60 CUTTER MILL ROAD, SUITE 212	GREAT NECK NY 11021	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)