

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108990

1. Entity Name

HIGH GRADE, INC.

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90020 017 ***150.00

Principal Place of Business

811 N SR 7
HOLLYWOOD FL 33021

Mailing Address

4838 NORTHWEST 96 TERRACE
SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

8580 NW 36ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

202

City & State

City & State

SUNRISE, FL

Zip

Country

Zip

Country

33351

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0807768

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

GOLDBERG, HOWARD
4838 NW 96 TERR
SUNRISE FL 33351

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

Howard Goldberg Howard Goldberg

4/6/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GOLDBERG, HOWARD
4838 NORTHWEST 96 TERRACE
SUNRISE FL 33351 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GOLDBERG, ISABEL
4838 NORTHWEST 96 TERRACE
SUNRISE FL 33351 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MORALES, MIGUEL A
11420 SW 196TH TERR.
MIAMI FL 33157 ☒ Delete

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

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TITLE
NAME
STREET ADDRESS
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 lines empowered.

SIGNATURE:

Howard Goldberg Howard Goldberg

4/6/01

954-749-6518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)