

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90171 015 ***150.00

CR2E034 (9/01)

DOCUMENT # P97000108990

1. Entity Name
HIGH GRADE, INC.

Principal Place of Business
811 N SR 7
HOLLYWOOD FL 33021

Mailing Address
8580 NW 36 ST
#202
SUNRISE FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9214 FLYNN Circle

3. Mailing Address
9214 FLYNN Circle

Suite, Apt. #, etc.
#4

Suite, Apt. #, etc.
#4

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number **65-0807768**

Applied For
 Not Applicable

Zip
33496

Country
Palm Bch

Zip
33496

Country
Palm Bch

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

6. Name and Address of Current Registered Agent

GOLDBERG, HOWARD
4838 NW 96 TERR
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name **Goldberg, Howard**
 Street Address (P.O. Box Number is Not Acceptable)
9214 Flynn Circle #4
 City **Boca Raton** **FL** Zip Code **33496**

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

4-8-02
 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, 2002 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	PTD GOLDBERG, HOWARD 4838 NORTHWEST 96 TERRACE SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDBERG, ISABEL 4838 NORTHWEST 96 TERRACE SUNRISE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Goldberg, Howard 9214 Flynn Circle #4 Boca Raton, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Goldberg Isabel 9214 Flynn Circle #4 Boca Raton, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Howard Goldberg** **Howard Goldberg** **4/8/02** **954-749-6518**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #