

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91585 023 ***150.00

DOCUMENT # P98000008306

1. Entity Name
BLACK GOLD ENTERTAINMENT, INC.

Principal Place of Business

**19500 NW 8TH AVE
 NORTH MIAMI FL 33169**

Mailing Address

**19500 NW 8TH AVE
 NORTH MIAMI FL 33169**

2. Principal Place of Business

P.O. Box 69-4753
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 69-4753
 Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33269

Country

USA

Zip

33269

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0810138

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, LEONARD
 19500 NW 8TH AVE
 NORTH MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name **LEONARD MOORE**
 Street Address (P.O. Box Number is Not Acceptable)
19500 N.W. 8TH AVE
 City **MIAMI** FL Zip Code **33169**

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 \$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 MOORE, LEONARD 19500 NW 8TH AVE NORTH MIAMI FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, ROBERT 19500 NW 8TH AVE NORTH MIAMI FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, WESLEY 19500 N.W. 8TH AVE. MIAMI FL 33169 <input checked="" 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 MOORE, LEONARD P.O. Box 69-4753 MIAMI, FL. 33269 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, WESLEY P.O. Box 69-4753 MIAMI, FL. 33269 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Leonard J. Moore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 (305) 773-5722
 Date Daytime Phone #

CR2E034 (9/01)