

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90119 043 ***150.00

DOCUMENT # P98000095868

1. Entity Name

GORDONS OF LONDON (DAVIE) INC.

Principal Place of Business

Mailing Address

~~8966~~ STATE ROAD 84
 DAVIE FL 33324

~~8966~~ STATE ROAD 84
 DAVIE FL 33324-4457

2. Principal Place of Business

8968 W. STATE RD 84

Suite, Apt. #, etc.

3. Mailing Address

8968 W. STATE RD 84

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE, FL

4. FEI Number

65-0878163

Applied For

Not Applied For

Zip

FL 33324

Country

U.S.A

Zip

33324

Country

U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUDNER, MORDECAI
8177 WEST GLADES ROAD
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

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 \$150.00
After MAY 1, 2000 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
DPST	MAYS, CAROL	71 N. FEDERAL HWY	DANIA FL 33004	<input type="checkbox"/>
DVP	MAYS, GORDON	71 N. FEDERAL HWY	DANIA FL 33004	<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:

CAROL A. MAYS
 CAROL A. MAYS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00
 Date

954 577-0610
 Daytime Phone #