

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107656

1. Entity Name

GOLDIES OLDIES CLASSIC EXPORTS, INC.



FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90076 015 ***150.00

Principal Place of Business

1730 S. FEDERAL HWY. #311
DELRAY BEACH FL 33483
US

Mailing Address

1730 S. FEDERAL HWY. #311
DELRAY BEACH FL 33483
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0887084

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

GOLD, STANLEY
1485 SW 5 CT.
BOCA RATON FL 33432

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
NAME **GOLD, STANLEY**
STREET ADDRESS **1485 S W 5TH COURT**
CITY-ST-ZIP **BOCA RATON FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-00

Date

561395-6188

Daytime Phone #

CR2E034 (5/00)

Stanley I Gold
1485 s w 5th way
Boca Raton, FL 33432
Tel 561 395 6188

Attachment
#98000107656
D0077515

August 4, 2000

Division of Corporations
Department of State
Tallahassee, FL 32302

To whom it may concern

My apologies for late filing. I did receive these forms late. In addition, I have been ill for several months, and was hospitalized until last week for a chronic breathing problem.

I would appreciate being able to pay the \$150 fee with no penalty. I would not be able to pay the \$550 at this time. Your help will be greatly appreciated.

Sincerely

Stanley Gold

