

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90065 008 ***150.00

DOCUMENT # 557763
 1. Entity Name
MURRAY B. GOLDSTEIN, INC.

Principal Place of Business Mailing Address

250 NE 20TH ST
 STE 421
 BOCA RATON FL 33431
 US

250 NE 20TH ST.
 SUITE 421
 BOCA RATON FL 33431-8048
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

1400 NW 9th AVE **1400 NW 9th AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
D # 24 **D # 24**

City & State City & State
BOCA RATON FL **BOCA RATON FL**

Zip Country Zip Country
33486 **33486 US** **33486** **US**

4. FEI Number Applied For
59-2069379 Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDSTEIN, MURRAY B.
250 NE 20TH ST.
SUITE 421
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **GOLDSTEIN, MURRAY B.**
 Street Address (P.O. Box Number Not Acceptable)
1400 NW 9th AVE.
SUITE D 24
 City **BOCA RATON** FL Zip Code **33486**

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: DATE: **1/16/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, MURRAY B.	NAME	
STREET ADDRESS	250 NE 20TH ST., STE. 421	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, MURRAY B.	NAME	
STREET ADDRESS	1400 NW 9th AVE / D24	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 my address, with all other like empowered.

SIGNATURE: Date: **1/16/00** Daytime Phone #: **561 392-6157**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)