

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90098 023 ***150.00

DOCUMENT # P94000010935

1. Entity Name

AMSTER, GOMEZ & GOTTFRIED, P.A.

Principal Place of Business

**412 S.E. 23RD STREET
 FORT LAUDERDALE FL 33316
 US**

Mailing Address

**412 S.E. 23RD STREET
 FORT LAUDERDALE FL 33316
 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 **65-0472521**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, MARCELO R
 412 SE 23RD STREET
 FORT LAUDERDALE FL 33316**

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	AMSTER, STEVEN R	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	412 SE 23RD STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	CITY-ST-ZIP	
VD	GOMEZ, MARCELO R	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	412 SE 23RD STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	CITY-ST-ZIP	
VSD	GOTTFRIED, PAUL D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	412 SE 23RD STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> Delete		<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:

STEVEN R. AMSTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2001

Date

994-467-7010

Daytime Phone #

CR2E034 (10/00)