

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90326 050 \*\*\*150.00

0347913 AV

**DOCUMENT # P94000010935**

1. Entity Name  
**AMSTER 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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**701 W. CYPRESS CREEK RD.  
SUITE 302  
FORT LAUDERDALE, FL 33309**

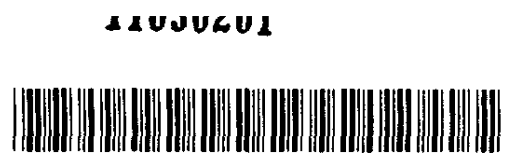
City & State  
**701 W. CYPRESS CREEK RD.  
SUITE 302  
FORT LAUDERDALE, FL 33309**

Zip  
**33309**

Zip  
**33309**

Country

Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOTTFRIED, PAUL D  
412 SE 23RD STREET  
FORT LAUDERDALE FL 33316**

4. FEI Number  
**65-0472521**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**Gottfried, Paul D**

Street Address (P.O. Box Number is Not Acceptable)  
**701 W. CYPRESS CREEK RD.  
SUITE 302**

City  
**FORT LAUDERDALE, FL 33309** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul D. Gottfried* DATE 4.29.03

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD AMSTER, STEVEN R 412 SE 23RD STREET FORT LAUDERDALE FL 33316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD Amster, Steven R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 W. CYPRESS CREEK RD. SUITE 303 FORT LAUDERDALE, FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS GOTTFRIED, PAUL D 412 SE 23RD STREET FORT LAUDERDALE FL 33316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS Gottfried, Paul D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 701 W. CYPRESS CREEK RD. SUITE 303 FORT LAUDERDALE, FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *STEVEN R AMSTER* **04/29/03** **954-467-7840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)