


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90090 028 \*\*\*150.00

**DOCUMENT # P98000000093**

1. Entity Name  
**RICHARD M. GOLDSTEIN, P.A.**



Principal Place of Business  
**2500 FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2336**

Mailing Address  
**2500 FIRST UNION FINANCIAL CENTER  
MIAMI FL 33131-2336**



2. Principal Place of Business  
**200 S. Biscayne Blvd**

3. Mailing Address  
**200 S. Biscayne Blvd**

Suite, Apt. #, etc.  
**Suite 2500**

City & State  
**Miami, FL**

CHECK HERE IF MAKING CHANGES

Zip  
**33131**

Country  
**USA**

4. FEI Number  
**65-0807048**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDSTEIN, RICHARD M**  
**200 SOUTH BISCAYNE BLVD.**  
**SUITE 2500**  
**MIAMI FL 33131-2336**

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. I am familiar with, and accept the obligations of registered agent.

Signature  
**GOLDSTEIN, RICHARD M**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDSTEIN, RICHARD M</b>	
STREET ADDRESS	<b>2500 FIRST UNION FINANCIAL CENTER</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131-2336</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>RICHARD M</b>	
STREET ADDRESS	<b>200 SOUTH BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131-2336</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>D</b>	
STREET ADDRESS	<b>GOLDSTEIN, RICHARD M</b>	
CITY-ST-ZIP	<b>2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DPST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>65-0807048</b>	
STREET ADDRESS	<b>200 S. Biscayne Blvd. Suite 2500</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, RICHARD M</b>	
STREET ADDRESS	<b>2500 FIRST UNION FINANCIAL CENTER</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131-2336</b>	

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 reports 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 I am empowered.

SIGNATURE: **SIGNATURE REQUIRED Richard Goldstein** 3/3/03 305-374-7580

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

0661907 EP CR2E034 (10/02)