

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90066 049 ***150.00

DOCUMENT # 470256

1. Entity Name
GOLDSTEIN AND GOLDENBERG, M.D.'S, P.A.

Principal Place of Business
1501 FOREST HILL BLVD.
SUITE 101
W. PALM BEACH FL 33406-6072
US

Mailing Address
1501 FOREST HILL BLVD.
SUITE 101
W. PALM BEACH FL 33406-6072
US

2. Principal Place of Business
140 J.F.K. DR
 Suite, Apt. #, etc.

3. Mailing Address
140 J.F.K. DR.
 Suite, Apt. #, etc.

City & State
ATLANTIS, FL
Zip **33462** **Country** **USA**

City & State
ATLANTIS, FL
Zip **33462** **Country** **USA**

4. FEI Number **59-1576110** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDSTEIN, MARK A
1501 FOREST HILL BLVD., SUITE 101
W. PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name
GOLDSTEIN, MARK A
Street Address (P.O. Box Number is Not Acceptable)
140 JFK DR.
City **ATLANTIS** **FL** **Zip Code** **33462**

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** **01/15/02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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


11. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> Delete
NAME GOLDSTEIN, MARK	
STREET ADDRESS 1501 FOREST HILL BLVD, SUITE 101	
CITY-ST-ZIP WEST PALM BEACH FL 33406	
TITLE VD	<input type="checkbox"/> Delete
NAME GOLDENBERG, JAMES	
STREET ADDRESS 1501 FOREST HILL BLVD, STE 101	
CITY-ST-ZIP WEST PALM BEACH FL 33406	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDSTEIN, MARK	
STREET ADDRESS 140 J.F.K. DRIVE.	
CITY-ST-ZIP ATLANTIS, FL 33462	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDENBERG, JAMES	
STREET ADDRESS 140 JFK DRIVE	
CITY-ST-ZIP ATLANTIS, FL 33462	
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	

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:  **DATE** **01/15/02** **Daytime Phone #** **(561) 968-6767**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)