

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 557763

1. Entity Name

MURRAY B. GOLDSTEIN, INC.

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

01-25-2000 90065 008 ***150.00

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

33486

33486 US

33486

US

4. FEI Number

59-2069379

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

GOLDSTEIN, MURRAY B.

Street Address (P.O. Box Number Not Acceptable)

1400 NW 9th AVE.

City

SUITE D24

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

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, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
GOLDSTEIN, MURRAY B.
250 NE 20TH ST., STE. 421
BOCA RATON FL

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
GOLDSTEIN, MURRAY B.
1400 NW 9th AVE / D24
BOCA RATON, FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

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☐ Delete

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/00

561 392-6157

CR2E034 (9/99)