

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 653174**

1. Entity Name

GOLDSTEIN & SONS KOSHER MEATS, INC.

Principal Place of Business

**7443 COLLINS AVENUE
MIAMI BEACH FL 33141**

Mailing Address

**7443 COLLINS AVENUE
MIAMI BEACH FL 33141-2713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELL, STEVEN JAY ESQ.
2404 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020**

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, 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	GOLDSTEIN, JULIUS	7443 COLLINS AVE. MIAMI BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SD	GOLDSTEIN, DEANNA	7443 COLLINS AVENUE MIAMI BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VPT	GOLDSTEIN, BRIAN LEWIS	7443 COLLINS AVENUE MIAMI BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

**DEANNA
GOLDSTEIN**

Date

1/10/00

Daytime Phone #

(305) 865-4981**FILED
Jan 19, 2000 8:00 am
Secretary of State**

01-19-2000 90015 021 ***150.00

602080

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1953799

Applied For

Not Applicable

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

CR2E034 (9/99)