

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90006 012 ****61.25

DOCUMENT # 752060

1. Entity Name

MIGDAL DAVID, INC.

Principal Place of Business

**8565 W MCNAB RD
TAMARAC FL 33321**

Mailing Address

**8565 W MCNAB RD
TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2064929**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GROSS, HERMAN
9511 WELDON CIRCLE
TAMARAC FL 33321**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SAGER, SAM**
STREET ADDRESS **7340 NW 40TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

TITLE **VPD** ☒ Delete
NAME **MUELLER, GARY**
STREET ADDRESS **9452 NW 46 CT**
CITY-ST-ZIP **SUNRISE FL**

TITLE **TD** ☐ Delete
NAME **GOLOLFEIN, ROBERT**
STREET ADDRESS **8900 NW 70 ST**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ Delete
NAME **GROSS, HERMAN**
STREET ADDRESS **9541 WELDON CIR**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☐ Delete
NAME **MUELLER, GARY**
STREET ADDRESS **9452 NW 46 COURT**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete
NAME **DOMES, MAXWELL**
STREET ADDRESS **7707 ASHMONTE CIR**
CITY-ST-ZIP **TAMARAC FL 33321**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☐ Change ☒ Addition
NAME **SALOMON, GERSON**
STREET ADDRESS **7025 GOLF POINTE CIRCLE**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **D** ☒ Change ☐ Addition
NAME **MUELLER, GARY**
STREET ADDRESS **12155 NW 46 STREET**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **SD** ☐ Change ☒ Addition
NAME **Sheila Halpern**
STREET ADDRESS **5700 Coco Palm Drive**
CITY-ST-ZIP **Tamarac, FL 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

SIGNATURE REQUIRED

1/14/02

CR2E037 (9/01)