

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90188 006 \*\*\*\*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**

☐ CHECK HERE IF MAKING CHANGES

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 **GOLDFEIN, ROBERT**

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

**8500 N.W. 70<sup>TH</sup> STREET**

City **TAMARAC**

FL

Zip Code **33321**

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

*Robert M Goldfein*

**ROBERT GOLDFEIN**

**4/30/03**

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  
Florida 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 **D** ☐ Delete  
NAME **MUELLER, GARY**  
STREET ADDRESS **12155 NW 46 ST.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **TD** ☐ Delete  
NAME **GOLDFEIN, 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 ASHMONT CIR**  
CITY-ST-ZIP **TAMARAC FL 33321**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **SD** ☐ Change ☒ Addition  
NAME **HALPERN, SHEILA**  
STREET ADDRESS **5700 COCO PALM DRIVE**  
CITY-ST-ZIP **TAMARAC, FL 33319**

TITLE **TD** ☒ Change ☐ Addition  
NAME **GOLDFEIN, ROBERT**  
STREET ADDRESS **8500 NW 70<sup>TH</sup> STREET**  
CITY-ST-ZIP **TAMARAC, FL 33321**

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:

*Robert M Goldfein* **ROBERT GOLDFEIN** **4/30/03**

CR2E037 (10/02)