## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F63850							Feb 20, 2002 8:00 am Secretary of State				
I. Entity Nam	GOLDBERG,	P.A.					02-20-2002 90				
Principal Place of Business Mailing Address 10000 STIRLING ROAD 10000 STIRLING ROAD SUITE 1 SUITE 1 COOPER CITY FL 33024 COOPER CITY FL 33024											
2. Principal F	Place of Business.	TOP AND TOP AND T	3. Mailing Address			-		adii bibii didii bibi			
Suite, Apt. #, etc. Suite, Apt. #, etc.						-	DO NOT WRITE	IN THIS SPACE	Ē		
City & State City & State					4. FEI Number 59-2155997 Applied For						
Zip	Z p Country		Zip 'Count		,	5. Certificate of Status Desired See Required Fee Required			itional		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
OOLDDE					Name		- ·	-			
GOLDBERG, MARK H 10000 STIRLING ROAD					Street Address (	P.O. Box	x Number is Not Acceptable)				
SUITE 1											
COOPER CITY FL 33024					City			FL Zi	p Code		
SIGNATURE	Signature, typed or printe	d name of registered agent and t	title if applicable. (NOT	TE: Registered Aç	gent signature required		nt, or both, in the State of Flori	DATE			
Tax filing	oration is eligible to requirement and ele ria on back)	satisfy its Intangible ects to do so.	FILE NOW! After May 1, 20 Make Check Payal	002 Fee wil	il be \$550.00	te	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>			May Be to Fees	
11.	Р	OFFICERS AND DIF		12.		ADD	ITIONS/CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOLDBERG, MARK H.		NAM		ADDRESS I-ZIP			_ C:	iany <del>a</del>	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET A CITY-ST	. [			C1	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET A				cr	nange	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST				☐ Cr	nange	Addition	
13. I hereby of indicated	certify that the inform	nation supplied with this	Villing does not qualify for e and accurate and that i	or the exemp	otion stated in Se e shall have the r	ction 11	19.07(3)(i), Florida Statutes. I fu gal effect as if made under oa a Statutes; and that my name a	urther certify that	t the inf	ormation or director	

MACC H GOUBSELL

SIGNATURE:

(954) 438 1000

Daytime Phone #