

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G07471

1. Entity Name

STEINBERG & GOTTDIENER, INC.



FILED
Apr 02, 2005 08:00 AM
Secretary of State

Principal Place of Business _____ Mailing Address _____
8600 N.W. SOUTH RIVER DRIVE 8600 N.W. SOUTH RIVER DRIVE
SUITE 218 SUITE 218
MIAMI FL 33166 MIAMI FL 33166
US US

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 59-2235627

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

GOTTDIENER, GEORGE
8600 N.W. SOUTH RIVER DRIVE
MIAMI FL 33166

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME GOTTDIENER, GEORGE
STREET ADDRESS 20515 E CC DR
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1000000284877
CITY-ST-ZIP 04/02/05-80022-020 150.00

TITLE VP ☐ Delete
NAME STEINBERG, ALAN
STREET ADDRESS 3241 SW 192 AVE
CITY-ST-ZIP MIRAMAR FL 33029

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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)(f), 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 10 or Block 11 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

3-30-05

Date

305 885 9300

Daytime Phone #