

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G97282

1. Entity Name

STANLEY B. GOLDSTEIN CORP.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90053 023 \*\*\*150.00

Principal Place of Business

Mailing Address

4776 ORCHARD LANE  
DELRAY BEACH FL 33445  
US

4776 ORCHARD LANE  
DELRAY BEACH FL 33498-6415  
US

2. Principal Place of Business

10089 SPYGLASS WAY  
Suite, Apt. #, etc.

3. Mailing Address

10089 SPYGLASS WAY  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

59-2406003

Applied For

Not Applicable

Zip

Country

33498

Zip

Country

33498

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

GOLDSTEIN, STANLEY B.  
4776 ORCHARD LANE  
DELRAY BEACH FL 33445

Name

STANLEY B. GOLDSTEIN

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

10089 SPYGLASS WAY

City

BOCA RATON

FL

Zip Code

33498

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

STANLEY B. GOLDSTEIN

3/2/00

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  
DPS  
GOLDSTEIN, STANLEY B.  
4776 ORCHARD LANE  
DELRAY BEACH FL 33445

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
10089 SPYGLASS WAY  
BOCA RATON, FL. 33498

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

3/2/00 561-852-3877

CR2E034 (9/99)