

# 2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H09487

1. Entity Name

GOLDMAN, JUDA & MARTIN, P.A.

**FILED**  
Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90024 048 \*\*\*150.00

Principal Place of Business  
8211 W. BROWARD BLVD.  
PH 1  
PLANTATION FL 33324

Mailing Address  
8211 W. BROWARD BLVD.  
PH 1  
PLANTATION FL 33324-2744

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 59-2416130

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

JUDA, KIMBERLY A.  
8211 W. BROWARD BLVD. PH. 1  
PLANTATION FL 33324

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

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 PD  
NAME GOLOMAN, RONALD  
STREET ADDRESS 8211 W. BROWARD BLVD. STE PH 1  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE VPD  
NAME KIMBERLY, JUDA  
STREET ADDRESS 8211 W. BROWARD BLVD. STE PH 1  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE ~~STD~~  
NAME MARTIN, RONALD  
STREET ADDRESS 8211 W. BROWARD BLVD. STE PH 1  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE SD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE SD  
NAME HOKKEY, FRANK J  
STREET ADDRESS 8211 WEST BROWARD BLVD STE PH 1  
CITY-ST-ZIP PLANTATION FL 33324 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

SECRETARY

2/1/00

Date

954-577-9700

Daytime Phone #

CR2E034 (9/99)