

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90059 034 ***150.00

DOCUMENT # J01847

1. Entity Name

SMITH, FAIST, ROBERTS & CO., P.A., CERTIFIED PUB

Principal Place of Business

Mailing Address

~~PETER SMITH~~
2 N TAMiami TRAIL, SUITE 604
SARASOTA FL 34236
US

~~PETER SMITH~~
2 N TAMiami TRAIL, SUITE 604
SARASOTA FL 34236
US

2. Principal Place of Business

MICHAEL GOLDSTEIN

3. Mailing Address

MICHAEL GOLDSTEIN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2641113**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, PETER
ONE SARASOTA TOWER
SUITE 604, 2 N TAMiami TRAIL
SARASOTA FL 34236

Name

MICHAEL GOLDSTEIN

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

2 N. Tamiami Trail, Suite 604

City

Sarasota

FL

Zip Code

34236

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, 2001 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 **VSD** ☐ Delete
NAME **FAIST, SHIRLEY IRONS**
STREET ADDRESS **SUITE 604, 2 N TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☒ Addition
NAME **Tracy Michael Goldstein**
STREET ADDRESS **2 N Tamiami Trail, # 604**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ~~PTD.~~ ☒ Delete
NAME ~~SMITH, PETER~~
STREET ADDRESS ~~SUITE 604, 2 N TAMiami TRAIL~~
CITY-ST-ZIP ~~SARASOTA FL 34236~~

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

4-23-01

941-365-0620

CR2E034 (10/00)