

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005663

1. Entity Name

GOLD STAR ADJUSTERS, L.L.C.

FILED

JUL -5 AM 8:47

Principal Place of Business

Mailing Address

6750 TAFT STREET  
HOLLYWOOD FL 33024

6750 TAFT STREET  
HOLLYWOOD FL 33024

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7050 Taft St.

3. Mailing Address

7050 Taft St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

65-1028546

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDWICH, LEE S  
6750 TAFT STREET  
HOLLYWOOD FL 33024

Name

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

7050 Taft St

City

Hollywood

FL

Zip Code

33024

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

*Lee S. Goldwich* Manager

(NOTE: Registered Agent signature required when reinstating)

7/3/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee S. Goldwich	
STREET ADDRESS	7050 Taft St.	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Lee S. Goldwich* SIGNATURE REQUIRED

7/2/01

Date

(954) 986-9408

Daytime Phone #

CR2E083 (5/01)