

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90152 015 \*\*\*150.00

**DOCUMENT # L78698**

1. Entity Name

**DAVID HOWARD GOLDBERG, P.A.**

Principal Place of Business

Mailing Address

% DAVID HOWARD GOLDBERG  
 100 S BISCAYNE BLVD. SUITE 1102  
 MIAMI FL 33131

% DAVID HOWARD GOLDBERG  
 100 S BISCAYNE BLVD. SUITE 1102  
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

*900 SW 2nd Avenue*

*900 SW 2nd Avenue*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*MIAMI FL*

City & State

*MIAMI FL*

Zip  
*33130*

Country  
*USA*

Zip  
*33130*

Country  
*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0201965**

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

**GOLDBERG, DAVID HOWARD**  
**100 S BISCAYNE BLVD**  
**ONE BAYFRONT PLAZA, SUITE 1102**  
**MIAMI FL 33131**

Name

*David Howard Goldberg*

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

*900 SW 2nd Avenue*

*MIAMI FL*

City

**FL**

Zip Code

*33130*

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GOLDBERG, DAVID HOWARD</b><br><b>100 S BISCAYNE BLVD</b><br><b>MIAMI FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Goldberg, David Howard</i><br><i>900 SW 2nd Avenue</i><br><i>MIAMI FL 33130</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-23-01*

Date

*305-558-8675*

Daytime Phone #

CR2E034 (10/00)