

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012705 AF

DOCUMENT # M97000000884

1. Entity Name

COMPREHENSIVE PLANNING-GOODMAN, LLC

FILED

01 APR 23 PM 5:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1133 SO. UNIVERSITY DR.  
SUITE 200  
FORT LAUDERDALE FL 33324

Mailing Address

1133 SO. UNIVERSITY DR.  
SUITE 200  
FORT LAUDERDALE FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3240958

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROUGH, HERBERT L  
16353 FERN DRIVE  
FORT LAUDERDALE FL 33326

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MBR LEVY, MARK D  
STREET ADDRESS 44 SADDLE LANE  
CITY-ST-ZIP ROSLYN HEIGHTS NY 11577 ☐ Delete

TITLE NAME 3000004133813-05  
STREET ADDRESS -05/03/01--01085--002  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME MBR ROUGH, HERBERT L  
STREET ADDRESS 16353 FERN DRIVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ Delete

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

TITLE NAME MBR GOODMAN, PHILIP  
STREET ADDRESS 17 SOUTH DRIVE  
CITY-ST-ZIP ROSLYN NY 11576 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)