

2000 UNIFORM BUSINESS REPORT (UBR)

4/7

DOCUMENT # N99000000498

1. Entity Name

THE FLORIDA SMALL BUSINESS INITIATIVE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

04-22-2000 90119 021 ****61.25

Principal Place of Business

Mailing Address

3111 SOUTH DIXIE HIGHWAY #222-48
WEST PALM BEACH FL 33405

3111 SOUTH DIXIE HIGHWAY #222-48
WEST PALM BEACH FL 33405-1557

2. Principal Place of Business

C/O JAY GOLDBERG

Suite, Apt. #, etc.

SUITE #221

531 U.S. HWY. #1

City & State

NORTH PALM BEACH, FL

Zip
33408

Country
USA

3. Mailing Address

931 VILLAGE BLVD.

Suite, Apt. #, etc.

#905-287

City & State

WEST PALM BEACH, FL

Zip
33409

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0888741

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

Name

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

City

FL

Zip Code

GOLDBERG, JAY D

513 U.S. HIGHWAY #1 #221

NORTH PALM BEACH FL 33408

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHAIR
SHIRLEY SIMPSON-WRAY
1363 N. MANGONIA DR.,
W. PALM BEACH, FL 33401

☐ Delete

V. P.
JOHN CLAYTON
1015 ADAMS ST.,
W. PALM BEACH, FL 33401

☐ Delete

TREAS.
JAY GOLDBERG
(ADDRESS ABOVE)

☐ Delete

SECY.
PAM ELA COLLINS
1443 STONEWAY LANE
W. PALM BEACH, FL 33417

☐ Delete

☐ Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (9/99)