001 UNIFORM BUSINE~~S REPORT (UBR)

CUMENT # P00000060049

ty Name

ISON M. GOLDSTEIN P.A.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90214 048 ***150.00

ipal Place of Business	Mailing Address
AYNOR LAW FIRM, P.A. I.S. HIGHWAY ONE #304 IEACH FL 33408-1499	C/O RAYNOR LAW FIRM, P.A. 14155 U.S. HIGHWAY ONE #304 JUNO BEACH FL 33408-1499

A00065403

DO NOT WRITE IN THIS SPACE

ncipal Place of Business	3. Mailing Address
ite, Apt. #, etc.	Suite, Apt. #, etc.
y & State	City & State
p / Country	Zip / Country

4. FEI Number 65-1048776 ☐ 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
RAYNOR, JEFFREY S C/O RAYNOR LAW FIRM, P.A. 14155 U.S. HIGHWAY ONE #304 JUNO BEACH FL 33408-1499	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

NATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) X

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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, ALLISON M C/O 14155 U.S. HIGHWAY ONE #304 JUNO BEACH FL 33408-1499	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

3. 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: X Allison M Goldstein Director 4/10/01 (561) 741-7210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #