

# 62 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000000580

1. Entity Name

FRANKLIN GOLDBERG, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1473 4th COURT SW

3. Mailing Address

5401 CENTRAL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3688920

Applied For

Not Applicable

Zip

33432

Country

BROWARD

Zip

33710

Country

PENNELAS

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CAROL MCATEE

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

5401 CENTRAL AVE

City

ST. PETERSBURG

FL

Zip Code

33710

**DO NOT WRITE  
IN THIS SPACE**

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

*Carol Mcatee*

CAROL M<sup>C</sup>ATEE

12/12/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME

PRESIDENT

STREET ADDRESS

FRANKLIN GOLDBERG

CITY-ST-ZIP

1473 4th COURT SW

BOCA RATON, FL 33432

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

200009815462  
01/03/03--01066--003 \*\*150.00

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Franklin Goldberg* 12/29/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

December 12, 2002

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 323214

Dear Agent:

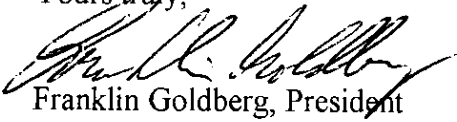
RE: Franklin Goldberg, P.A.  
DOCUMENT # P01000000580

Please find enclosed the Uniform Business Report for my company.

Being the first year for filing this form and having changed registered agent during the year; the form was never received by me until after the administrative dissolution.

Based on the above information, please accept this filing of the report.

Yours truly,



Franklin Goldberg, President  
Franklin Goldberg, P.A.