

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90453 040 ***150.00

DOCUMENT # P01000000961

1. Entity Name
LAW OFFICES OF GOULD & COMPANY, P.A.



Principal Place of Business
6585 ALLISON ROAD
MIAMI BEACH FL 33141

Mailing Address
6585 ALLISON ROAD
MIAMI BEACH FL 33141

2. Principal Place of Business

1201 Brickell Ave.

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

#630

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33131

Country

USA

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1065465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOULD, JUSTIN
6585 ALLISON ROAD
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GOULD, JUSTIN
STREET ADDRESS 6585 ALLISON ROAD
CITY-ST-ZIP MIAMI BEACH FL 33141 ☒ Delete

TITLE Gould, Justin → PD
NAME 1201 Brickell Ave. #630
STREET ADDRESS Miami, FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/03

305-371-9711

CR2E034 (10/02)