

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90101 031 \*\*\*150.00

**DOCUMENT #** P01000043143

1. Entity Name

PETER R. GOLDMAN, P.A.

B0050220

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 6550 N. Federal Hwy. Suite. Apt. #, etc. Suite 511 City & State Ft. Lauderdale, FL. Zip 33308		Country USA		3. Mailing Address 6550 N. Federal Highway Suite. Apt. #, etc. Suite 511 City & State Ft. Lauderdale, FL. Zip 33308		Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1105770	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Peter R. Goldman	
Street Address (P.O. Box Number is Not Acceptable) 6550 N. Federal Hwy. Suite 511	
City Ft. Lauderdale	FL Zip Code 33308

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p><b>January 1 - May 1 Fee is \$150.00</b>  <b>After May 1, Fee is \$550.00</b>  <b>Amended UBR is \$61.25</b>  <b>Make Check Payable to Department of State</b></p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Peter R. Goldman 6550 N. Federal Hwy. Ste 511 Ft. Lauderdale, 33308	TITLE NAME STREET ADDRESS 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:  3/12/2002 (954) 771-0908