

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

US34493  
AV

**DOCUMENT # P01000043143**

1. Entity Name  
**PETER R GOLDMAN, P.A.**



03-24-2003 90210 033 \*\*\*150.00

Principal Place of Business  
**6550 N FEDERAL HWY STE 511  
FT LAUDERDALE FL 33308**

Mailing Address  
**6550 N FEDERAL HWY STE 511  
FT LAUDERDALE FL 33308**

90059118



2. Principal Place of Business  
**101 Northeast Third Avenue**

3. Mailing Address  
**101 Northeast Third Avenue**

Suite, Apt. #, etc.  
**Tower 101, Suite 1700**

Suite, Apt. #, etc.  
**Tower 101, Suite 1700**

City & State  
**Fort Lauderdale, FL**

City & State  
**Fort Lauderdale, FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1105770**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

Zip **33301**

Country **US**

Zip **33301**

Country **US**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDMAN, PETER R  
6550 N FEDERAL HWY STE 511  
FT LAUDERDALE FL 33308**

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

**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  Delete  
NAME **DP GOLDMAN, PETER R**  
STREET ADDRESS **6550 N FEDERAL HWY STE 511**  
CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE  Change  Addition  
NAME **101 Northeast Third Avenue, Suite**  
STREET ADDRESS **Fort Lauderdale, FL 33301/1700**  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

3/7/2003 (954) 711-0908  
Date Daytime Phone #

CR2E034 (10/02)