

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90120 027 ***150.00

DOCUMENT # P01000048406

1. Entity Name
GOLDPORT ENTERPRISES, INC.



Principal Place of Business
8551 W. SUNRISE BLVD., #208
FT. LAUDERDALE FL 33322

Mailing Address
8551 W. SUNRISE BLVD., #208
FT. LAUDERDALE FL 33322

2. Principal Place of Business
4201 Westgate Ave.
Suite, Apt. #, etc.

3. Mailing Address
4201 Westgate Avenue
Suite, Apt. #, etc.

Unit B-8
City & State
West Palm Beach, FL

Unit B-8
City & State
West Palm Beach, FL

Zip
33467
Country
USA

Zip
33467
Country
USA

4. FEI Number **02-0352309**

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

BLOOMGARDEN, PAUL M
PINE ISLAND COMMONS, SUITE 208
8551 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33322

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP-		
	GOLDBERG, STEVEN A	4201 WESTGATE AVE B-8	PALM BEACH FL 33409
	D		
	GOLDBERG, MILTON	19 LONGMEADOW DR.	GRANTHAM NH 03753

TITLE	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/9/03 **561-689-0605**
Date **Daytime Phone #**

CR2E034 (10/02)