

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90220 001 ***158.75

DOCUMENT # P01000078340

1. Entity Name
HENGBER & GOLDSTEIN, P.A.

Principal Place of Business
**100 N E THIRD AVENUE
SUITE 780
FORT LAUDERDALE FL 33301**

Mailing Address
**100 N E THIRD AVENUE
SUITE 780
FORT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 NE Third Avenue

3. Mailing Address
100 NE Third Avenue

Suite, Apt. #, etc.
Suite 780

Suite, Apt. #, etc.
Suite 780

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
651130780

Applied For
☐ Not Applicable

Zip
33301

Country
U.S.

Zip
33301

Country
U.S.

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

**HENGBER, DONNA B
690 S. STATE ROAD 7
MARGATE FL 33068**

**Frank S. Goldstein
2164 Montpelier
Weston, FL 33326**

Name
Frank Goldstein

Street Address (P.O. Box Number is Not Acceptable)
2164 Montpelier

City **Weston** **FL** Zip Code **33326**

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 **Frank S. Goldstein / Director**

4/9/02

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) ☒

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GOLDSTEIN, FRANK S**
STREET ADDRESS **2164 MONTPELIER**
CITY-ST-ZIP **WESTON FL 33326**

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

TITLE **D** ☐ Delete
NAME **HENGBER, GREGORY P**
STREET ADDRESS **5920 S W 85TH STREET**
CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GREGORY P. HENGBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-767-8393

Date

Daytime Phone #

CR2E034 (9/01)