

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90113 022 ***150.00

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DOCUMENT # P01000078340

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



Principal Place of Business
100 N E THIRD AVENUE
SUITE 1515
FORT LAUDERDALE FL 33301

Mailing Address
100 N E THIRD AVENUE
SUITE 1515
FORT LAUDERDALE FL 33301



2. Principal Place of Business

100 NE Third Avenue

3. Mailing Address

100 NE Third Avenue

Suite, Apt. #, etc.

Suite

Suite, Apt. #, etc.

Suite

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33301

Country

Zip

33301

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1130780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, FRANK S	
STREET ADDRESS	2164 MONTPELLIER	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENGBER, GREGORY P	
STREET ADDRESS	5920 S W 85TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, FRANK S	ADDRESS
STREET ADDRESS	1243 Pierce St.	
CITY-ST-ZIP	Hollywood, FL 33019	
TITLE	Hengber Gregory P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9973 NW 64th Court	
STREET ADDRESS	Portland, Florida	
CITY-ST-ZIP	33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **Frank Goldstein**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/03

Date

954-767-8393

Daytime Phone #

CR2E034 (10/02)