

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90198 046 ***150.00

DOCUMENT # P01000104599

1. Entity Name

GOLD-SCHEIN & GONZALEZ, P.A.

Principal Place of Business

Mailing Address

~~1320 S DIXIE HWY SUITE 811~~
CORAL GABLES FL 33146

~~1320 S DIXIE HWY SUITE 811~~
CORAL GABLES FL 33146

2. Principal Place of Business

4302 Alton Road

3. Mailing Address

4302 Alton Road

Suite, Apt. #, etc.

Suite 940

Suite, Apt. #, etc.

Suite 940

City & State

Miami Beach FL

City & State

Miami Beach, FL

Zip

33140

Country

U.S.

Zip

33140

Country

U.S.

4. FEI Number

65-1150509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYER, ROBERT M

1320 S DIXIE HWY SUITE 811
CORAL GABLES FL 33146

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.

SIGNATURE

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	<input type="checkbox"/> Delete
NAME	GOLD-SCHEIN, ANDREA MD	
STREET ADDRESS	1320 S DIXIE HWY SUITE 811	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, SUSANA MD	
STREET ADDRESS	1320 S DIXIE HWY SUITE 811	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gold-Schein, Andrea MD	
STREET ADDRESS	1545 Cleveland Road	
CITY-ST-ZIP	Miami Beach, FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gonzalez, Susana MD	
STREET ADDRESS	7230 W. Troon Circle	
CITY-ST-ZIP	Miami Lakes, FL 33014	
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		

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:

SUSANA GONZALEZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 (305) 672-9499
 Date Daytime Phone #

CR2E034 (9/01)