

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90155 019 \*\*\*150.00

**DOCUMENT # P01000109773**

1. Entity Name  
**GOLDMARK TITLE, INC.**

Principal Place of Business

**2409 N. DIXIE HWY.  
W. PALM BCH FL 33407**

Mailing Address

**2409 N. DIXIE HWY.  
W. PALM BCH FL 33407**

2. Principal Place of Business

3. Mailing Address

**2717 W. Cypress Creek Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 800**

City & State

City & State

**Fort Lauderdale, FL**

Zip

Country

Zip

Country

**33309**

**USA**

4. FEI Number

**30-0026990**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDSTONE, RICHARD  
2409 N. DIXIE HWY.  
W. PALM BCH FL 33407**

Name  
**Richard Goldstone**

Street Address (P.O. Box Number is Not Acceptable)  
**2717 West Cypress Creek Road**

**Suite 800**

City  
**Fort Lauderdale**

**FL**

Zip Code  
**33309**

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 *Richard Goldstone*  
Signature, typed or printed name of registered agent and title if applicable.

**Richard  
Goldstone**

**04/24/02**  
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 **SOMERS, MARK**  
STREET ADDRESS **3211 FIESTA WAY**  
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33062**

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

TITLE **D** ☐ Delete  
NAME **GOLDSTONE, RICHARD**  
STREET ADDRESS **2400 W. CYPRESS CREEK RD., SUITE 100**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2717 W Cypress Creek Rd, Ste. 800**  
CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Richard Goldstone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard  
Goldstone**

**04/24/02**

**(954)  
917-9669**

Date

Daytime Phone #

CR2E034 (9/01)