

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90153 050 \*\*\*150.00

**DOCUMENT # P93000082916**

1. Entity Name

LISA KLINE GOLDSTEIN, P.A.

Principal Place of Business

1750 UNIVERSITY DR  
 SUITE 126  
 CORAL SPRINGS FL 33071  
 US

Mailing Address

1750 UNIVERSITY DR  
 SUITE 126  
 CORAL SPRINGS FL 33071-6076  
 US

2. Principal Place of Business

9690 W. SAMPLE RD ST 102  
 Suite, Apt. #, etc.

3. Mailing Address

9690 W. SAMPLE RD  
 Suite, Apt. #, etc.  
 STE 102

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0385210

Applied For

Not Applicable

Zip

33065

Country

BRUNSWICK

Zip

33065

Country

BRUNSWICK

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

6. Name and Address of Current Registered Agent

GOLDSTEIN, LISA K.  
 1750 UNIVERSITY DR.  
 SUITE 126  
 CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name: GOLDSTEIN, LISA K.  
 Street Address (P.O. Box Number is Not Acceptable): 9690 W. SAMPLE RD  
 City: CORAL SPRINGS FL Zip Code: 33065

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, LISA K ESQ.	
STREET ADDRESS	8845 RAMBLEWOOD DR	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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

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

Date

Daytime Phone #

1/3/15/00

CR25034 (9/00)