

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049767

1. Entity Name

GOLDSTEIN FINANCIAL CONSULTANTS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90033 012 ***150.00

Principal Place of Business

Mailing Address

4776 ORCHARD LANE
DELRAY BEACH FL 33445
US

4776 ORCHARD LANE
DELRAY BEACH FL 33445-5303
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10089 SAYGLASS WAY
Suite, Apt. #, etc.

10089 SAYGLASS WAY
Suite, Apt. #, etc.

City & State
BOCA RATON, FL.

City & State
BOCA RATON, FL.

4. FEI Number 65-0508978

Applied For
Not Applicable

Zip
33498

Country

Zip
33498

Country

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

GOLDSTEIN, STANLEY B
4776 ORCHARD LANE
DELRAY BEACH FL 33445

Name STANLEY B. GOLDSTEIN

Street Address (P.O. Box Number is Not Acceptable)
10089 SAYGLASS WAY

City BOCA RATON FL Zip Code 33498

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 *Stanley B. Goldstein*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/3/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GOLDSTEIN, STANLEY B
STREET ADDRESS 10169 SAYGLASS WAY
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ Change ☐ Addition
NAME 10089 SAYGLASS WAY
STREET ADDRESS BOCA RATON, FL. 33498
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: *Stanley B. Goldstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00 561-852-3877
Date Daytime Phone #

CR2E034 (9/99)