

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90075 024 \*\*\*150.00

**DOCUMENT # P94000049767**

1. Entity Name

**GOLDSTEIN FINANCIAL CONSULTANTS, INC.**

Principal Place of Business

10089 SPYGLASS WAY  
BOCA RATON FL 33498  
US

Mailing Address

10089 SPYGLASS WAY  
BOCA RATON FL 33498  
US

2. Principal Place of Business

17776 SOUTHWICK WAY  
Suite, Apt. #, etc.

3. Mailing Address

17776 SOUTHWICK WAY  
Suite, Apt. #, etc.

00008776



DO NOT WRITE IN THIS SPACE

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

GOLDSTEIN, STANLEY B  
10089 SPYGLASS WAY  
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

STANLEY B GOLDSTEIN

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

17776 SOUTHWICK 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

1/15/01

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, 2001 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 ☐ Delete  
NAME D  
STREET ADDRESS GOLDSTEIN, STANLEY B  
CITY-ST-ZIP 10089 SPYGLASS WAY  
BOCA RATON FL 33498

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 17776 SOUTHWICK WAY  
CITY-ST-ZIP BOCA RATON, FL. 33498

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

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

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

TITLE ☐ Change ☐ Addition  
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 1/15/01 561-853-3877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)