

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090494

1. Entity Name

GOLDBERG CLEANERS, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90022 010 \*\*\*150.00

Principal Place of Business

2300 N.E. 62ND ST  
SUITE 205-E  
FORT LAUDERDALE FL 33308  
US

Mailing Address

2300 N.E. 62ND ST  
SUITE 205-E  
FORT LAUDERDALE FL 33308-2208  
US

2. Principal Place of Business

2009 S.W. 36th Ave, Delray Bch  
Suite, Apt. #, etc.

3. Mailing Address

2009 S.W. 36th Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Bch, Fla  
Zip 33445 Country Palm Beach

City & State

Delray Bch, Fl.  
Zip 33445 Country Palm Beach

4. FEI Number

65-0543563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MELCER, STEPHEN G  
4800 N FEDERAL HWY  
SUITE 205-E  
BOCA RATON FL 33431

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, 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	PSD	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, JACK	
STREET ADDRESS	2009 SW 36 AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOLDBERG, GALE	
STREET ADDRESS	2009 SW 36TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
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
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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:

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

*4/15/2000*  
Date

*(561) 495-8888*  
Daytime Phone #

CR2E034 (9/99)