

1000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022096

Entity Name

SALLY R. GOLDBERG & ASSOCIATES, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90022 005 ***150.00

Principal Place of Business

6819 SW 81ST ST. SUITE E
MIAMI FL 33143

Mailing Address

6819 SW 81ST ST. SUITE E
MIAMI FL 33143-7707

600046

Principal Place of Business

6813 S.W. 81 Street

3. Mailing Address

7620 S.W. 162 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0583722

Applied For

Not Applicable

Zip

33143

Country Miami -

Dade

Zip

33157

Country Miami -

Dade

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, SALLY R.
6819 SW 81 ST.
STE. E
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Dr. Sally Goldberg

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

6813 S.W. 81 Street

City

Miami, FL

FL

Zip Code
33143

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

Sally Goldberg, Ph.D.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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**

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DP GOLDBERG, SALLY R 6819 SW 81ST ST, SUITE E MIAMI FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr. Sally Goldberg 6813 S.W. 81 Street Miami, FL 33143	<input checked="" type="checkbox"/> Change (minor)	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

Sally Goldberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

(305)281-3833

Daytime Phone #

CR2E034 (9/99)