

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000032130 (3)**

1. Corporation Name
DANIEL A. GOLDSTEIN, P.A.

Principal Place of Business
**7750 SW 106TH TERRACE
MIAMI FL 33156**

Mailing Address
**7750 SW 106TH TERRACE
MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **241 SEVILLA AVE.**

Suite, Apt. #, etc.

22 **805**

City & State

23 **CORAL GABLES, FL**

Zip

24 **33134**

Country

25 **USA**

2a. Mailing Address

26 **241 SEVILLA AVE.**

Suite, Apt. #, etc.

27 **805**

City & State

28 **CORAL GABLES, FL**

Zip

29 **33134**

Country

30 **USA**

3. Date Incorporated or Qualified

04/20/1995

4. FEI Number

65-0577702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GOLDSTEIN, DANIEL A
7750 SW 106TH TERRACE
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

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

241 SEVILLA AVE.

83

SUITE 805

84 City

CORAL GABLES,

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 607.0302 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

DANIEL A. GOLDSTEIN

11/13/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **GOLDSTEIN, DANIEL A**
STREET ADDRESS **7750 SW 106TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **241 SEVILLA AVE., SUITE 805**
1.3 STREET ADDRESS **CORAL GABLES, FL 33134**
1.4 CITY-ST-ZIP

2.1 TITLE **S** ☐ Change ☒ Addition

2.2 NAME **JENNIFER R. GOLDSTEIN**
2.3 STREET ADDRESS **241 SEVILLA AVE., SUITE 805**
2.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in a statement with an address.

SIGNATURE:

DANIEL A. GOLDSTEIN **11/13/98** **305/446-0100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone # (area code)

CR2E034 (10/97)