2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P95000032130** 1. Entity Name DANIEL A. GOLDSTEIN, P.A.

FILED Mar 26, 2001 8:00 am Secretary of State 03-26-2001 90044 027 ***150.00

Principal Place	e of Business	3		Mailing Address									
241 SEVILLA AVENUE			· ·	241 SEVILLA AVE									
805 CORAL GABLES FL 33134				905 CORAL GABLES FL 33134				. ከ ብስምዕባኒ ቭ					
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2. Principal Pl				3. Mailing Address									
7750 SW 106 TERR. Suite, Apt. #, etc.				7750 SW 106 TERR. Suite, Apt. #, etc.						DO NOT WE	RITE IN THIS	SPACE	
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City & State MIAMIS FL				City & State MIAMI,		4. FEI Number 65			65-05777	U2 	No	ot Applicable	
Zip 33/	156	Country	519	zip 33/56	Cour	try USI	9	5. C	Certificate of S	Status Desired		\$8.75 Add Fee Require	
	<u> </u>			7. N	lame and Ad	dress of New	Registered	Agent					
GOLDSTEIN, DANIEL A						Name DANIEL A. GOLDSTEIN							
	JSTEIN, DA SEVILLA AV			Street Address (ddress (P.	P.O. Box Number is Not Acceptable)					
STE		_		77.50			<u> س ،</u>		103		24/	-	
COR	al gables	FL 33134		City M				2	27,		FL	Zip C 9d	2157
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8. The above named entity aubility this statement by the purpose of manging its registered office or registered agent, or both, in the State of Florida.													
SIGNATURE .													
SIGNATURE .	Signature, Just	or printed name of re	gistered agent and	title if applicable. (NOT	E: Registere	d Agent signatu	ire required w	vhen re	instating)		DATE		
9. This corpo	ration is elig	ible to satisfy its	Intangible	FILE NOW!!! FEE IS \$150.00					10. Election	on Campaign I	Financing	\$5.0	00 May Be
Tax filing requirement and elects to do so. (See criteria on back)				After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta						und Contribu			to Fees
11.	RECTORS	12.	•	t or otale		DITIONS/CH	ANGES TO O	FFICERS AN	DIRECTOR	S (N 11			
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NAME	GOLDSTE	in, jennifef			NAM	IE	JEV	W1.	FER C	. GOL	DSTEI	V	Ì
STREET ADDRESS		LA AVE STE			EET ADDRESS	775	FNNIFER & GOLDSTEIN 750 SW 106 TERR. 114M1, FL 33/56						
CITY-ST-ZIP	CORAL G	ABLES FL 33	134 ************************************		TITL	-ST-ZIP	77//6	411	11, PC	32/36 -		~ [Change	Addition -
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13. I hereby of indicated	on this repo	rt or supplement	ipplied with the	e and occurre and that	rny signa	iture shall h	ave the sa	ame l	legal effect a	s if made unde and that my na	er oath; that I	am an office	r or director
	poration or t , or on an att		ane wy	all other like empowered	1.						, ,	DIOOR IT C	5.551. 12.11
CICHAT	11BE /	I III IX		O DANIE	ZA	7. GD1	1057	B	IN PR	KS. 3.	24/01	305-6	67-M5V
SIGNAT	UHE	SIGNATURE	ID TYPED OR PRIN	ITED NAME OF SIGNING OFFICER				. 7		Date		Daytime Phone #	-, 555