2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000032130 DOCUMENT

1. Entity Name

SIGNATURE:

DANIEL A. GOLDSTEIN, P.A.



FILED Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90105 028 ***150.00

Principal Place 7750 SW 106 1 MIAMI FL 3315 US	TERR.	Mailing Address 7750 SW 106 TERR. 805 MIAM! FL 33156 US 3. Mailing Address						
Suite, Apt.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. F	65-0577702	Not	Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired	\$8.75 Addi		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name	Name				
GOLDSTEIN, DANIEL A			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
7750 SW 106 TERRACE MIAMI FL 33156								
IVIIAIVIF FL	33 100 ***********************************		City		F	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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	equired when re	instating) DAT	E		
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State			Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND		11.	AC	DITIONS/CHANGES TO OFFICERS A		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GOLDSTEIN, DANIEL A 7750 SW 106 TERR. MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDSTEIN, JENNIFER R 7750 SW 106 TERR. MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRESS COTY-ST-ZIPC	्रा च व्यक्त		Change	☐ Addition } &	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•••		☐ Change	Addition	
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12. I hereby of indicated of the corchanged.	certify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address.	h this filing does not qualify fi s true and accurate and that sowered to execute this repo- with a other the employee	or the exemption stated my signature shall have as required by Chapt d.	d in Section te the same er 607, Flor	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; thi ida Statutes; and that my name appea	certify that the i at I am an officer ars in Block 10 of	nformation or director r Block 11 if	