## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P96000043879** 1. Entity Name IVAN GOLDBERG & ASSOCIATES, INC. 26-2001 90222 045 \*\*\*150.00 Principal Place of Business Mailing Address C/O IVAN GOLDBERG C/O IVAN GOLDBERG 244 ORANGE TREE DR 244 ORANGE TREE DR ATLANTIS FL 33462 ATLANTIS FL 33462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0673409 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDBERG, BARBARA Street Address (P.O. Box Number is Not Acceptable) C/O IVAN GOLDBERG 244 ORANGE TREE DR ATLANTIS FL 33462 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition GOLDBERG, IVAN NAME NAME STREET ADDRESS 244 ORANGE TREE DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ATLANTIS FL 33462 TITLE n ☐ Delete TITLE Change Addition GOLDBERG, BARBARA NAME NAME STREET ADDRESS 244 ORANGE TREE DR STREET ADDRESS CITY-ST-ZIP ATLANTIS FL 33462 CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

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