

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103884

1. Entity Name

CAROLE GOYA, P.A.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90154 030 ***150.00

Principal Place of Business

5100 DUPONT BLVD
 APT 10-D
 FORT LAUDERDALE FL 33308
 US

Mailing Address

~~900 E ATLANTIC BLVD~~
~~SUITE 47~~
~~POMPANO BEACH FL 33069~~
 US

2. Principal Place of Business

3. Mailing Address

5100 DUPONT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10-D

City & State

City & State

FT LAUDERDALE, FL

Zip

Country

Zip

Country

33308

USA

4. FEI Number 65-0717576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOYA, CAROLE
 5100 DUPONT BLVD
 APT 10-D
 FORT LAUDERDALE FL 33308

Name

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

City

FL

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.

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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSTD
 GOYA, CAROLE
 5100 DUPONT BLVD, APT 10-D
 FORT LAUDERDALE FL 33308 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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: X

CAROLE GOYA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLE GOYA X

Date

Daytime Phone #

CR2E034 (10/00)