

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90345 042 ***150.00

0246960

DOCUMENT # P97000051653

1. Entity Name
ALONEFTIS, CATREN, GOLDBERG & HARDING, P.A.

Principal Place of Business
~~3511 W. COMMERCIAL BLVD., STE. 307~~
FT. LAUDERDALE FL 33309

Mailing Address
~~3511 W. COMMERCIAL BLVD., STE. 307~~
FT. LAUDERDALE FL 33309

2. Principal Place of Business
2601 E. Oakland Park Blvd
 Suite, Apt. #, etc.
#403

3. Mailing Address
2601 E. Oakland Park Blvd
 Suite, Apt. #, etc.
#403

City & State
Ft Lauderdale FL
 Zip
33306
 Country
USA

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Ft Lauderdale FL
 Zip
33306
 Country
USA

4. FEI Number **65-0761936**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, DANIEL M
994 NW 53RD ST.
FT. LAUDERDALE FL 33309

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 Delete
 NAME **ALONEFTIS, ANTHONY**
 STREET ADDRESS ~~3511 W. COMMERCIAL BLVD., STE. 307~~
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME **ALONEFTIS, ANTHONY**
 STREET ADDRESS **2601 E. Oakland Park Blvd, #403**
 CITY-ST-ZIP **Ft Lauderdale FL 33306**

TITLE Delete
 NAME **CATREN, CAROLYN**
 STREET ADDRESS ~~3511 W. COMMERCIAL BLVD., STE. 307~~
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME **CATREN, CAROLYN**
 STREET ADDRESS **2601 E. Oakland Park Blvd, #403**
 CITY-ST-ZIP **Ft Lauderdale, FL 33306**

TITLE Delete
 NAME **GOLDBERG, SHEILA**
 STREET ADDRESS ~~3511 W. COMMERCIAL BLVD., STE. 307~~
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME **GOLDBERG, SHEILA**
 STREET ADDRESS **2601 E. Oakland Park Blvd, #403**
 CITY-ST-ZIP **Ft Lauderdale, FL 33306**

TITLE Delete
 NAME **HARDING, ALAN**
 STREET ADDRESS ~~3511 W. COMMERCIAL BLVD., STE. 307~~
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME **HARDING, ALAN**
 STREET ADDRESS **2601 E. Oakland Park Blvd, #403**
 CITY-ST-ZIP **Ft Lauderdale FL 33306**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *William Goldberg* 3/28/01 Date (954) 566-3433 Daytime Phone #

CR2E034 (10/00)