

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078610

1. Entity Name

DAVID GOTTFRIED, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90024 010 ***150.00

0327666

Principal Place of Business

5353 W. ATLANTIC AVE., STE. 402C
DELRAY BEACH FL 33484

Mailing Address

5353 W. ATLANTIC AVE., STE. 402C
DELRAY BEACH FL 33484

0 1 1 2 3 1

2. Principal Place of Business

5329 W. ATLANTIC AVE.

3. Mailing Address

5329 W. ATLANTIC AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 205B

STE. 205B

City & State

City & State

DELRAY BEACH, FL

DELRAY BEACH, FL

Zip

33484

Country

USA

Zip

33484

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4206771

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTFRIED, DAVID
5353 W. ATLANTIC AVE., STE. 402C
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

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

TITLE D
NAME GOTTFRIED, DAVID
STREET ADDRESS 5353 W. ATLANTIC AVE., STE. 402C
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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)(j), 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:

David Gottfried

DAVID GOTTFRIED

4/5/01 561/638-9930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)