

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90028 040 \*\*\*158.75

**DOCUMENT # P99000070318**

1. Entity Name

**WIPERS & ACCESSORIES, INC.**

Principal Place of Business

5440 N OCEAN DRIVE #P106  
SINGER ISLAND FL 33404

Mailing Address

5440 N OCEAN DRIVE #P106  
SINGER ISLAND FL 33404-2528

2. Principal Place of Business

*12050 N.W. 60th Ave*

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

*CHIEFLAND FL*

City & State

Zip

*32626*

Country

*USA*

Zip

Country

4. FEI Number

*65-0907622*

Applied For

Not Applied For

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARASCH, ELIZABETH  
5440 N OCEAN DRIVE #P106  
SINGER ISLAND FL 33404

7. Name and Address of New Registered Agent

Name

*ROBERT A GOLDBERG*

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

*JAME ADDRESS*

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

*Robert A Goldberg*

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, 2000 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 **PD** ☐ Delete  
NAME **BARASCH, ELIZABETH**  
STREET ADDRESS **5440 N OCEAN DRIVE #P106**  
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Add  
NAME **ROBERT A. GOLDBERG**  
STREET ADDRESS **5440 N. OCEAN DR. P106**  
CITY-ST-ZIP **SINGER ISLAND, FL 33404**

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

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

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

TITLE ☐ Change ☐ Add  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert A Goldberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #