

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085248

1. Entity Name

CERTIFIED HEARING AIDS OF FLORIDA, INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90083 050 \*\*\*150.00

Principal Place of Business

C/O JAY GOLDMAN  
4952 SHERIDAN STREET  
HOLLYWOOD FL 33021

Mailing Address

C/O JAY GOLDMAN  
4952 SHERIDAN STREET  
HOLLYWOOD FL 33021

2. Principal Place of Business

9856 H WATERMILL Circle  
Suite, Apt. #, etc.

3. Mailing Address

9856 H WATERMILL Circle  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach FL

City & State

Boynton Beach FL

4. EEI Number 65-0965168

Applied For  
Not Applicable

Zip

33437

Country

USA

Zip

33437

Country

USA

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

6. Name and Address of Current Registered Agent

GOLDMAN, JAY W  
4952 SHERIDAN STREET  
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name  
GOLDMAN JAY W.  
Street Address (P.O. Box Number is Not Acceptable)  
9856 H WATERMILL CIRCLE  
City  
Boynton Beach FL Zip Code  
33437

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 PD  
NAME GOLDMAN, JAY ☐ Delete  
STREET ADDRESS 4952 SHERIDAN STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE VS  
NAME GOLDMAN, LORRAINE ☐ Delete  
STREET ADDRESS 4952 SHERIDAN ST  
CITY-ST-ZIP HOLLYWOOD FL 33021

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 PD ☐ Change ☐ Addition  
NAME GOLDMAN JAY  
STREET ADDRESS 9856 H WATERMILL CIRCLE  
CITY-ST-ZIP Boynton Beach, FL. 33437

TITLE VS ☐ Change ☐ Addition  
NAME GOLDMAN LORRAINE  
STREET ADDRESS 9856 H. WATERMILL CIRCLE  
CITY-ST-ZIP Boynton Beach, FL. 33437

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

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

TITLE ☐ Change ☐ Addition  
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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0107114