

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90202 005 ***150.00

DOCUMENT # S19960

1. Corporation Name

ALVIN GOODMAN, P.A.

8585 Sunset Dr., Suite 75
Miami, Florida 33143



Principal Place of Business

~~7101 S.W. 102ND AVE.~~ **8585 SUNSET DR**
~~MIAMI FL 33173~~ **#75**
US **33143**

Mailing Address

~~7101 S.W. 102ND AVE.~~ **8585 SUNSET DR**
~~MIAMI FL 33173~~ **#75**
US **33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1990

4. FEI Number

65-0237593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing-
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

8585 SUNSET DR.

2a. Mailing Address

8585 SUNSET DR

Suite, Apt. #, etc.

75

Suite, Apt. #, etc.

75

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33143

Country

USA

Zip

33143

Country

USA

9. Name and Address of Current Registered Agent

GOODMAN, ALVIN, ESQUIRE

~~7101 S.W. 102ND AVENUE~~ **8585 SUNSET DR**
~~MIAMI FL 33173~~ **33143 #75**

10. Name and Address of New Registered Agent

81 Name

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

8585 Sunset Dr., Suite 75

Miami, Florida 33143

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **GOODMAN, ALVIN, ESQUIRE**

STREET ADDRESS ~~7101 S.W. 102ND AVENUE~~

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **8585 Sunset Dr., Suite 75**

STREET ADDRESS **Miami, Florida 33143**

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-99 300 229 2000

CR2E034 (11/98)

0248807