2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # V13007** 1. Entity Name BRIAN GOLDENBERG & ASSOCIATES, P.A. 03-22-2000 90091 003 ***150.00 Principal Place of Business Mailing Address 2100 NORTHEAST 205TH STREET 2100 NORTHEAST 205TH STREET NORTH MIAMI BEACH FL 33179-2225 NORTH MIAMI BEACH FL 33179 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City'& State 4. FEI Number 65-0340408 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDENBERG, BRIAN Street Address (P.O. Box Number is Not Acceptable) 2100 NORTHEAST 205TH STREET NORTH MIAMI BEACH FL 33179 Zip Code FL 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, typed or printed name of registered agent and title if applicable. . . . (NOTE Registered Agent signature required when semalating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00-Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Change ☐ Delete TITLE TITLE **GOLDENBERG, BRIAN** NAME NAME STREET ADDRESS 2100 N.E. 205TH STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BCH FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ! ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director use this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing

ndicated on this report or supplemental report is tr of the corporation or the reer or trustee empoy changed, or on an attact

NING OFFICER OR DIRECTOR

Daytime Phone #