

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K25088

1. Entity Name

GOLDBERG EDITING SERVICES, INC.

FILED

00 MAR 10 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business GOLDBERG EDITING SERVICES INC. 1071 NE 175 STREET MIAMI FL 33162-1236 | Mailing Address GOLDBERG EDITING SERVICES INC. 1071 NE 175 STREET MIAMI FL 33162-1236 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0050115 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDBERG, PHYLLIS
1071 NE 175 ST
MIAMI FL 33162

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPV GOLDBERG, PHYLLIS 1071 NE 175 ST MIAMI FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GOLDBERG, ELAINE J 1071 NE 175 ST MIAMI FL | <input type="checkbox"/> Delete |
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|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <p>400003179174--8 -03/22/00--01017--005 ****150.00 ****150.00</p> | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 like empowered.

SIGNATURE: Phyllis Goldberg **ED** Date: 2/28/00 Daytime Phone #: 305-652-5439

CR2E034 (9/99)