2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

K25088 DOCUMENT

1. Entity Name

GOLDENBERG EDITING SERVICES, INC.

GOLD 2.11		,				7				
Principal Plac GOLDENBERG 1071 NE 175 S MIAMI FL 3316	EDITING SERVICES INC. STREET	Mailing Address GOLDENBERG EDITING SERVICES INC. 1071 NE 175 STREET MIAMI FL 33162-1236			INC.					
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & St	City & State			4.	65-0050115	Applied For Not Applicable		
Zip Country		Zip	Zip Cou		untry 5.		Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Curre	nt Registered Ag	jent " ·			- 7. 1	Name and Address of New Registered Ag	ent	-	
				-	Name					
GOLDENBERG, PHYLLIS										
1071 NE 175 ST					Street Addres	is (P.O. E	Box Number is Not Acceptable)			
					-				_	
Miami FL	33162							,		
					City		FL	Zip Code	.]	
			- C - 1				1 1 1 11 11 11 11 11 11 11 11 11 11 11	-iliar with a	nd accept	
8. The above the obliga	named entity submits this statement	for the number	nr Adanaina itt		.!		•		The decopy.	
ano obliga				-	/ .			_	- [
SIGNATURE										
· · · · <u>\</u>					<i>]</i> *\					
F	ILE NOW!!! FEE IS \$150.00	- $ O $					9. Election Campaign Financing	\$5.00	May Be	
	May 1, 2003 Fee will be \$550.0	0					Trust Fund Contribution.		to Fees	
Make Check	 Payable to Florida Department 	of State								
10.	OFFICERS AN	D DIRECTORS		11.		ΑĒ	DDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS		
TITLE	DPV		Delete	TITL]	Change	☐ Addition	
NAME	GOLDENBERG, PHYLLIS			NAM	E					
STREET ADDRESS	1071 NE 175 ST			STRE	ET ADDRESS				\	
CITY-ST-ZIP	MIAMI FL			CITY	-ST-ZIP					
TITLE	T		☐ Delete	TITLE			1	Change	Addition	
NAME	GOLDENBERG, ELAINE J			NAM	E					
STREET ADDRESS	1071 NE 175 ST			STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL		_	CITY	-ST-ZIP					
TITLE -			Delete 🖘 🤊	TITL	مے اند ور			- Change	⊷ ☐ Addition	
NAME				NAM	E					
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITI F			☐ Delete	TITL	<u></u>			Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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☐ Change

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FILED

Mar 25, 2003 8:00 am Secretary of State

03-25-2003 90077 021 ***150.00