

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90184 047 ***150.00

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DOCUMENT # P01000057818

1. Entity Name
GOLDINGER ENTERPRISES, INC.



Principal Place of Business
**5415 N UNIVERSITY DR
LAUDERHILL FL 33351
US**

Mailing Address
**10325 S.W. 92ND ST.
MIAMI FL 33176**



2. Principal Place of Business

3. Mailing Address

5415 N. Univ Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Lauderhill FL

4. FEI Number
65-1113231

Applied For
 Not Applicable

Zip

Country

Zip
33351

Country
USA

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

**BARBER, RICHARD A
13831 SW 59TH STREET
SUITE 207
MIAMI FL 33183**

Name
Richard A. Barber, CPA
Street Address (P.O. Box Number is Not Acceptable)
**238 N. Westmonte Dr.
Ste. 285**
City
Altamonte Springs FL Zip Code
32714

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
GOLDINGER, VANINA M
10325 S.W. 92ND ST.
MIAMI FL 33176** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President / Treasurer
Gavin Goldinger
10325 SW 92 St.
Miami, FL 33174** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GOLDINGER, MONIQUE
10325 S.W. 92ND ST.
MIAMI FL 33176** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vanina Goldinger
vice-president
10325 SW 92 St
Miami, FL 33174** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
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 Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 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.

SIGNATURE: SIGNATURE REQUIRED **3-1-03** **786 205-5022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)