

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90375 002 ***150.00

11/06/2003 AV

DOCUMENT # P96000057097

1. Entity Name
PHOENIX MANAGEMENT SERVICES, INC.



Principal Place of Business
**541 S. ST. ROAD SEVEN
12
MARGATE FL 33068
US**

Mailing Address
**541 S. STATE ROAD SEVEN
12
MARGATE FL 33068
US**



2. Principal Place of Business
4780 N. St. Road Seven

3. Mailing Address
4780 N. St. Road Seven

Suite, Apt. #, etc.
E 250

CHECK HERE IF MAKING CHANGES

City & State
Lauderdale Lakes, FL.

City & State
Lauderdale Lakes, FL.

Zip
33319

Country
USA

4. FEI Number **65-0677051**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDBERG, SHELDON
541 S. STATE ROAD 7, SUITE 12
MARGATE FL 33068**

7. Name and Address of New Registered Agent

Name: **Goldberg Sheldon**

Street Address (P.O. Box Number is Not Acceptable)
4780 N. ST Rd Seven,

Suite E250

City **Lauderdale Lakes** **FL** Zip Code **33319**

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 *Sheldon Goldberg* DATE 4/14/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD GOLDBERG, SHELDON 1905 N. 55 AVE HOLLYWOOD FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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 |

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: *Sheldon Goldberg* **Sheldon Goldberg** DATE 4/14/03 (954)640-7070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)