

DOCUMENT # 573269

**Mar 29, 2004 08:00 AM**  
**Secretary of State**

% JOSIAS & GOREN, P.A.  
 3099 E. COMMERCIAL BLVD., #200  
 FT. LAUDERDALE, FL 33308

**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1878804

Applied For
Not Applicable

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

**8. Name and Address of Current Registered Agent**

GOREN, SAMUEL S.  
3099 E. COMMERCIAL BLVD  
#200  
FT. LAUDERDALE, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

**8. Election Campaign Financing Trust Fund Contribution.**

**\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GREEN, HAROLD
STREET ADDRESS	2201 NW 30TH PL
CITY-ST-ZIP	POMPANO BCH, FL

TITLE	D
NAME	GREEN, HAROLD
STREET ADDRESS	2201 NW 30TH PL
CITY-ST-ZIP	POMPANO BCH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

UNDP/00/0052  
03/03/04-0053-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/00

200

954-973-4741

**Dealing Phone #**