## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## F21938 DOCUMENT #

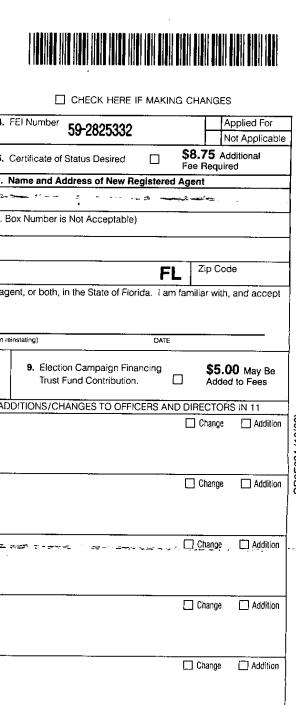
1. Entity Name



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90134 010 \*\*\*150.00

FLORGE CORP.		
Principal Place of Business % FLORENCE GOLDBERG 2660 SOUTH OCEAN BLVD. PALM BEACH FL 33480	Mailing Address <b>% FLORENCE GOLDBERG</b> <b>2660 SOUTH OCEAN BLVD.</b> <b>PALM BEACH FL 33480</b>	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City 8 State		



City & State 4. FEI Number City & State 'Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_-**GOLDBERG, FLORENCE** Street Address (P.O. Box Number is Not Acceptable) 2660 S OCEAN BLVD PALM BEACH FL 33480 City 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 reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE GOLDBERG, FLORENCE NAME NAME 2660 S OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME GOLDBERG, RICHARD NAME STREET ADDRESS 351 EAST 84TH ST. STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE \_\_\_\_\_ - Delete - -TITLE . -NAME WEINTRAUB, STEPHANIE NAME STREET ADDRESS 200 EAST 64TH ST STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 the new properties 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 at address, with all other like empreced.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR