2001 UNIFORM BUSINESS REPORY (UBR)

changed, or on an attachment w

SIGNATURE:

address

with all other like empowered

Stephen F

Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # F84495** 1. Entity Name STEPHEN F. GOLDENBERG, P.A. 4-18-2001 90116 050 ***150.00 Principal Place of Business Mailing Address ONE FINANCIAL PLAZA ONE FINANCIAL PLAZA **SUITE 2626 SUITE 2626** C0048201 FT LAUDERDALE FL 33394-9626 FT LAUDERDALE FL 33394-9626 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2197917 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WORLDWIDE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA **SUITE 2626** FT. LAUDERDALE FL 33394 Zip Code FL 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. SIGNATURE Signalure reducted when reduction and the second state of the seco Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** ☐ Delete TITLE ☐ Change ☐ Addition NAME GOLDENBERG, STEPHEN F NAME STREET ADDRESS STREET ADDRESS 1 FINANCIAL PLAZA #2626 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE □ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS <u>asarakakananan</u>kak CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if