**FILED** 

Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90218 018 \*\*\*150.00

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

## F84495 **DOCUMENT #**

1. Entity Name

STEPHEN F. GOLDENBERG, P.A.

							9					
Principal Place of Business 2708 E. OAKLAND PARK BLVD FT LAUDERDALE FL 33306-0000				Mailing Address 2708 E. OAKLAND PARK BLVD FT LAUDERDALE FL 33306-0000				i jadinika jiri jahi daru ahala hual a			1/8// <b>8/8</b> // (188/	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			-	☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	4. FEI Number 59-2197917 Applied For Not Applicable				
Zip	p Country			Zip		Country		. Certificate of Status Desired		8.75 Addice Require	ditional	
	6. Name	and Address of Current F	Register	red Agent	<del></del>	i i	_ 7.	Name and Address of New Regis		•		
)			Name			<del></del>		otorou Aş	jont -			
WORLDWIDE CORPORATE SERVICES, INC												
2780 EAST OAKLAND PARK BLVD.						Street Address	s (P.O.	. Box Number is Not Acceptable)				
FT. LAUDERDALE FL 33306												
						City		,-,·	FL	Zip Cod	e	
8. The above the obliga	e named entity	y submits this statement for ered agent.	the pur	pose of changing its	registere	L ed office or registe	ered a	agent, or both, in the State of Florida		L miliar with,	and accept	
	_	-										
SIGNATURE	Signature typed	or printed name of registered agent ar	ad title if on	relieable 4107				· · · · · · · · · · · · · · · · · · ·				
			по пре п ар	pplicable. (NO1)	E: Hegistered	d Agent signature require	ed when	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00								9. Election Campaign Finance	ina	<b>ቀ</b> ር ለ	م <u>-</u> ا	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of							9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution.  Added to Fe					
10.		OFFICERS AND D	DIRECTO	DRS	11.		A	L ADDITIONS/CHANGES TO OFFICER	RS AND D	DIRECTOR!	S IN 11	
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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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MADULAR COURSESSEE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

■ Addition