FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90691 008 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G99812 **DOCUMENT #**

1. Entity Name

GOELMAN ENTERPRISES, INC.

			GO WE THE			
Principal Place of Business KOSHER MAGIC 1839 MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179 US		Mailing Address KOSHER MAGIC 1839 MIAMI GARDENS DRIVE NORTH MIAMI BEACH FL 33179				
2. Principal Place of Business		3. Mailing Address				
- Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2404102	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	8.75 Additional	
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered A		
			Name			
GOELMAN, CHANOCH 1839 MIAMI GARDENS DRIVE Y			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
N. MIAMI BEACH FL 33179			City	FL	Zip Code	
8. The above the obliga	mone or registered agent.		registered office or register	ered agent, or both, in the State of Florida. I am fa	miliar with, and accept	
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	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11	
TITLE NAME Street address City-St-Zip	PSTD GOELMAN, CHANOCH 1839 MIAMI GARDENS DR. N. MIAMI BEACH FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	1	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Change □ Addition	
TITLE NAME STREET ADDRESS STY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS		Change Addition	
ITLE IAME TREET ADDRESS HTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(☐ Change ☐ Addition	
ATLE AME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TLE Ame Treet address		☐ Delete	TITLE NAME STREET ADDRESS		Change 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 trusted 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 a faddress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: