

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M29861

FILED  
Apr 22, 2002 8:00 AM  
Secretary of State

Entity Name: GUIDELINES, INC.

**Current Principal Place of Business:**

10320 USA TODAY WAY  
MIRAMAR, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

10320 USA TODAY WAY  
MIRAMAR, FL 33025 US

**New Mailing Address:**

FEI Number: 59-2654496

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, DAVID M  
1700 S. OCEAN BLVD. #12A  
POMPANO BEACH, FL 33062

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COHEN, DAVID M  
Address: 1700 S. OCEAN BLVD. #12 A  
City-St-Zip: POMPANO BCH, FL 33062

Title: CD ( ) Delete  
Name: GOLUN, ALLYN L  
Address: 4590 INGRAHAM HWY.  
City-St-Zip: CORAL GABLES, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD (X) Change ( ) Addition  
Name: GOLUB, ALLYN L  
Address: 4590 INGRAHAM HWY.  
City-St-Zip: CORAL GABLES, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COHEN

PD

04/22/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date