

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90192 031 ***150.00

FORM 111

DOCUMENT # P97000051653

1. Entity Name
GOLDBERG, CATREN & HARDING, P.A.



Principal Place of Business
**2601 E. OAKLAND PARK BLVD
SUITE 403
FORT LAUDERDALE FL 33306**

Mailing Address
**2601 E. OAKLAND PARK BLVD
SUITE 403
FORT LAUDERDALE FL 33306**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number **65-0761936**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GOLDBERG, DANIEL
990 NW 53RD STREET
FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALONEFTIS, ANTHONY	
STREET ADDRESS	2601 E. OAKLAND PARK BLVD # 403	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	V	<input type="checkbox"/> Delete
NAME	CATREN, CAROLYN	
STREET ADDRESS	2601 E. OAKLAND PARK BLVD # 403	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLDBERG, SHEILA	
STREET ADDRESS	2601 E. OAKLAND PARK BLVD # 403	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARDING, ALAN	
STREET ADDRESS	2601 E. OAKLAND PARK BLVD # 403	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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.

SIGNATURE: *[Signature]* **REQUIRED** Date: 1/20/03 Daytime Phone #: (954) 566-3433