

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071636

1. Entity Name

ROC ED. TECH PUBLISHING, INC.

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 PM 12: 08

Principal Place of Business

1570 TOWN CENTER CIRCLE
WESTON FL 33326

Mailing Address

1570 TOWN CENTER CIRCLE
WESTON FL 33326-3642

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0856197

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINEBERG, LIBO B
3500 GATEWAY DRIVE SUITE 201
POMPANO BEACH FL 33069

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME GOLDMAN, RICHARD
STREET ADDRESS 521 S.W. SEVENTH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33315 ☐ Delete

TITLE DV
NAME CHAMPAGNE, DAVID
STREET ADDRESS 5676 MELVIN STREET
CITY-ST-ZIP PITTSBURGH PA 15217 ☐ Delete

TITLE DV
NAME GOLDMAN, BRENT
STREET ADDRESS 4486 DOGWOOD CIRCLE
CITY-ST-ZIP WESTON FL 33331 ☐ Delete

TITLE SDV
NAME OLMSTEAD, PHYLLIS
STREET ADDRESS 19436 S.W. FIFTH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700003165827-4
-03/10/00--01107--020
****158.75 ****158.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brent Goldman
Vice-President

Date

Daytime Phone #

225 00 954-384-5454

CR2F034 (9/99)