

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90214 047 ***150.00

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1. Entity Name
S & E PUBLISHING, INC.



Principal Place of Business
**6016 NW 45TH TERR
COCONUT CREEK FL 33073**

Mailing Address
**6016 NW 45TH TERR
COCONUT CREEK FL 33073**

2. Principal Place of Business

6401 NW 54 Drive
Suite, Apt. #, etc.

3. Mailing Address

6401 NW 54 Drive
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Coral Springs, FL

City & State

Coral Springs, FL

4. FEI Number

65-0903332

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33067

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEBOWITZ, SANFORD J

**6016 NW 45TH TERR 6401 NW 54 Drive
COCONUT CREEK FL 33073 Coral Springs, FL 33067**

7. Name and Address of New Registered Agent

Name **Liebowitz, Sanford J**

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

6401 NW 54 Drive

City

Coral Springs

FL

Zip Code

33067

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 **Elizabeth M. Liebowitz**

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

(NOTE: Registered Agent signature required when reinstating)

3-20-03

DATE

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 **D** ☐ Delete
NAME **LIEBOWITZ, SANFORD J**
STREET ADDRESS **6016 NW 45TH TERR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **D** ☐ Delete
NAME **LIEBOWITZ, ELIZABETH M**
STREET ADDRESS **6016 NW 45TH TERR**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Liebowitz, Sanford J**
STREET ADDRESS **6401 NW 54 Drive**
CITY-ST-ZIP **Coral Springs, FL 33067**

TITLE ☒ Change ☐ Addition
NAME **Liebowitz, Elizabeth M**
STREET ADDRESS **6401 NW 54 Drive**
CITY-ST-ZIP **Coral Springs, FL 33067**

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

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

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

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)