2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P99000025691

rwe

1. Entity Name

S & E PUBLISHING, INC.

Principal Place of Business

COCONUT CREEK FL 33073

2. Principal Place of Business

Suite, Apt. #, etc.

6016 NW 45TH TERR



Drwe

Mailing Address 6016 NW 45TH TERR

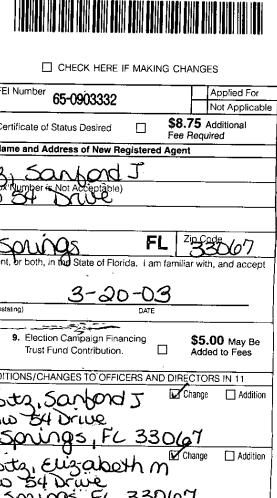
COCONUT CREEK FL 33073

3. Mailing Address

10401 NW

Suite, Apt. #, etc.

03-24-2003 90214 047 ***150.00



2. Secreticate of Status Desired Statu	City & Sta	l Sonings, FC	Con D Son	ms F	4.	FEI Number 65-0903	3332		Applied For	
9. Name and Address of Current Registered Agent Name		Country U.S.A	Zip 33707	Country				\$8.75 Ac		
LIEBOWITZ, SANFORD J SOHE NW 45TH TERR C401 NW 54 Drive COCONUT GREEK FL 33073	The required									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, by both, in full state of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE LUCADAH Signature, propt or primod ware of registered agent and title if applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E III.	LIEBOWITZ, SANFORD J 6016 NW 45TH TERR 640 No 54 Drive COCONUT CREEK FL 33073- CONOL Springs, FL 33007									
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	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.									
After May 1, 2003 Fee will be \$550,00 May Bo Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE ITTLE ILLEBOWITZ, SANFORD J STREET ADDRESS CITY-ST-2IP COCONUT CREEK FL 33073 TITLE ILLEBOWITZ, ELIZABETH M SIREET ADDRESS CITY-ST-2IP COCONUT CREEK FL 33073 TITLE ITTLE ITT	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. ODE: Registered Agent signature required when reinstating) DATE									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Afte	r May 1, 2003 Fee will be \$550.00	State	- (<u>)</u> -						
Delete Delete TITLE DEBOWITZ, SANFORD STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 Delete	10.		IRECTORS	11.	AD	DITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
Delete IIILE NAME STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP	NAME STREET ADDRESS	LIEBOWITZ, SANFORD J 6016 NW 45TH TERR	☐ Delete	NAME STREET ADDRESS	hieldon 6401	ists, Sant	e bug 2	Change		
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	LIEBOWITZ, ELIZABETH M 6016 NW 45TH TERR	□_, Delete	NAME STREET ADDRESS	hebou	ots, Eusa w 54 Dru	both m	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS ¹		□ Delete	NAME STREET ADDRESS					☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete *	NAME STREET ADDRESS		,		☐ Change	Addition	
NAME STREET ADDRESS CITY ST. 719	NAME STREET ADDRESS	:	☐ Delete	NAME STREET ADDRESS	, , <u> </u>			☐ 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	NAME STREET ADDRESS CITY-ST-ZIP	,		NAME Street address City-St-Zip	71.0		~			

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: