

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056488

1. Entity Name
EDITOR'S NOTE, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90015 026 ***150.00

Principal Place of Business
1501 N.W. 92ND AVENUE
PLANTATION FL 33322

Mailing Address
1501 N.W. 92ND AVENUE
PLANTATION FL 33322-4319

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

65-0931325

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

SINGER, BERNARD A
4925 SHERIDAN STREET
SUITE A
HOLLYWOOD FL 33021

Name
DEBORAH RIEVMAN
Street Address (P.O. Box Number is Not Acceptable)
1501 NW 92 AVE.

City PLANTATION FL Zip Code 33322

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 DEBORAH RIEVMAN *Deborah Rieyman* 3/10/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD RIEYMAN, DEBORAH K 1501 N.W. 92ND AVENUE PLANTATION FL 33322 <input checked="" type="checkbox"/> Delete <i>ok</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: DEBORAH RIEVMAN *Deborah Rieyman* 3/10/00 954 476 7218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)