

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90093 049 \*\*\*150.00

DOCUMENT # P96000010921

1. Entity Name

**BRYST ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

3300 UNIVERSITY DR  
 #10  
 CORAL SPRINGS FL 33065

3300 UNIVERSITY DR  
 #10  
 CORAL SPRINGS FL 33065-6300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**7860 WILES RD**

**7860 WILES RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**CORAL SPRINGS FL**

**CORAL SPRINGS FL**

Zip

Country

Zip

Country

**33067**

**33067**

4. FEI Number **65-0643581**

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

**LEDERMAN, SHERYL**  
**3300 UNIVERSITY DRIVE, SUITE 10**  
**CORAL SPRINGS FL 33065**

Name

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

**7860 WILES RD**

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.

SIGNATURE **SHERYL LEDERMAN P.**  
 Signature, typed or printed name of registered agent and title if applicable

**Sheryl Lederman**  
 (NOTE: Registered agent signature required when reinstating)

**4/25/00**  
 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	<input type="checkbox"/> Delete
P	LEDERMAN, SANFORD	<del>3300 UNIVERSITY DR</del>	CORAL SPRINGS FL 33065	<input type="checkbox"/>
S	LEDERMAN, SHERYL	3300 UNIVERSITY DR	CORAL SPRINGS FL 33065	<input type="checkbox"/>
VP	YOUNGERMAN, JAY S	875 OLD COUNTRY RD	PLAINVIEW NY 11803	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>7860 WILES RD</b>	<b>CORAL SPRINGS, FL 33067</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>7860 WILES RD</b>	<b>CORAL SPRINGS, FL 33067</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/00 (54) 344-2800**  
 Date Daytime Phone #

CR2E034 (9/99)