

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90039 043 ***150.00

DOCUMENT # P97000045000

1. Entity Name
ANDREW S. YAGODA, P.A.

Principal Place of Business 1001 W CYPRESS CREEK RD STE 414-A FT LAUDERDALE FL 33309 US	Mailing Address 1001 W CYPRESS CREEK RD STE 414-A FT LAUDERDALE FL 33309-1951 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1001 W. CYPRESS CREEK RD.	3. Mailing Address 1001 W. CYPRESS CREEK RD.
Suite, Apt. #, etc. SUITE 320	Suite, Apt. #, etc. SUITE 320

City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33309	Zip 33309
Country USA	Country USA

4. FEI Number 65-0754887	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**YAGODA, ANDREW S
 1001 W CYPRESS CREEK RD
 STE 414-A
 FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent
 Name **ANDREW S. YAGODA**
 Street Address (P.O. Box Number is Not Acceptable)
**1001 W. CYPRESS CREEK RD.
 STE. 320**
 City **FT. LAUDERDALE** FL Zip Code **33309**

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]* **ANDREW S. YAGODA** DATE **4/11/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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	
TITLE D	<input type="checkbox"/> Delete
NAME YAGODA, ANDREW S	
STREET ADDRESS 1001 W CYPRESS CREEK RD, SE 414-A	
CITY-ST-ZIP FT LAUDERDALE FL 33309	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YAGODA, ANDREW S.	
STREET ADDRESS 1001 W. CYPRESS CREEK RD., STE 320	
CITY-ST-ZIP FT LAUDERDALE, FL 33309	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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]* **ANDREW S. YAGODA** DATE **4/11/00** DAYTIME PHONE # **954-202-9799**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)