

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000045000

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

Principal Place of Business 1001 W CYPRESS CREEK RD STE 320 FT LAUDERDALE 33309 US	FL	Mailing Address 1001 W CYPRESS CREEK RD STE 320 FT LAUDERDALE 33309 US	FL
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2. Principal Place of Business 312 S.E. 17TH STREET	3. Mailing Address 312 S.E. 17TH STREET
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Suite, Apt. #, etc. SECOND FLOOR	Suite, Apt. #, etc. SECOND FLOOR
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City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL
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Zip 33316	Country US	Zip 33316	Country US
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4. FEI Number 65-0754887	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YAGODA ANDREW S
1001 W CYPRESS CREEK RD
STE 320
FT LAUDERDALE FL
33309 US

7. Name and Address of New Registered Agent

Name
YAGODA ANDREW S

Street Address (P.O. Box Number is Not Acceptable)
312 S.E. 17TH STREET

SECOND FLOOR

City
FT LAUDERDALE FL Zip Code
33316

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 **ANDREW S. YAGODA**

05/01/2001

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, 2001 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 D <input type="checkbox"/> Delete	NAME YAGODA ANDREW S	STREET ADDRESS 1001 W CYPRESS CREEK RD STE 320	CITY-ST-ZIP FT LAUDERDALE FL 33309
TITLE Delete <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE Delete <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME YAGODA ANDREW S	STREET ADDRESS 312 S.E. 17TH STREET, 2ND FLOOR	CITY-ST-ZIP FT LAUDERDALE FL 33316
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	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: **Andrew S. Yagoda**

D **05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)