

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

0192876 AV

05-02-2003 90116 021 ***150.00

DOCUMENT # P97000109112

1. Entity Name
SILBERBERG ASSOCIATES, INC.



Principal Place of Business
**3300 UNIVERSITY DRIVE
SUITE 627
CORAL SPRINGS FL 33065**

Mailing Address
**3300 UNIVERSITY DRIVE
SUITE 627
CORAL SPRINGS FL 33065**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **11-2484395**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SILBERBERG, BRIAN M
10311 NW 49 CT
CORAL SPRINGS FL 33076**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CVT** Delete
NAME **SILBERBERG, IRVING M**
STREET ADDRESS **550 LA BONNE VIE DR**
CITY-ST-ZIP **EAST PATCHOGUE NY 11772**

Change Addition
TITLE
NAME
STREET ADDRESS **1814 WISTERIA CIRCLE**
CITY-ST-ZIP **BELLSPORT, NJ 11713**

TITLE **CPS** Delete
NAME **SILBERBERG, BRIAN M**
STREET ADDRESS **10311 NW 49 COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33070**

Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE
NAME
STREET ADDRESS
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Change Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURES REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 8005979245
Date Daytime Phone #

CR2E034 (10/02)