

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

0152817

**DOCUMENT # P99000088454**

03-16-2001 90005 029 \*\*\*150.00

1. Entity Name  
**GERSON & DAVIS, P.A.**

Principal Place of Business      Mailing Address  
~~201 SOUTH BISCAYNE BOULEVARD~~      ~~201 SOUTH BISCAYNE BOULEVARD~~  
~~SUITE 1310~~      ~~SUITE 1310~~  
~~MIAMI FL 33131~~      ~~MIAMI FL 33131~~

**00025722**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
*1980 Coral Way*      *1980 Coral Way*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Miami, FL*      *Miami FL*  
 Zip      Country      Zip      Country  
*33145-2624*      *US*      *33145-2624*      *US*

4. FEI Number      Applied For  
**65-0959176**      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  
**GERSON, PHILIP M**      Name *GERSON, PHILIP M.*  
~~201 SOUTH BISCAYNE BOULEVARD~~      Street Address (P.O. Box Number is Not Acceptable) *1980 CORAL WAY*  
~~SUITE 1310~~      City *MIAMI*      FL      Zip Code *33145-*  
~~MIAMI FL 33131~~      *2624*

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]*      DATE *3/08/01*  
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.       **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 NAME STREET ADDRESS CITY-ST-ZIP	SS <del>DAVIS, JEFFREY R</del> <del>100 SE 2ND STREET # 2606</del> <del>MIAMI FL 33131</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS <i>DAVIS, JEFFREY R</i> <i>1980 CORAL WAY</i> <i>MIAMI, FL 33145-2624</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      Date *3-08-01*      Daytime Phone # *305-371-6000*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)