FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 16, 2001 8:00 am DOCUMENT # P96000101691 **Secretary of State** 1. Entity Name STEVE SILVERMAN, P.A. 01-16-2001 90001 031 \*\*\*150.00 Mailing Address Principal Place of Business 9703 ARBOR OAKS CT 9703 ARBOR OAKS CT #201 601370 **BOCA RATON FL 33428 BOCA RATON FL 33428** US Mailing Addres DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0722705 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \_\_ 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name SILVERMAN, STEVE 9703 ARBOR OAKS CT #201 **BOCA RATON FL 33428** 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. , Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SILVERMAN, STEVE STREET ADDRESS STREET ADDRESS 9703 ARBOR OAKS CT #201 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33428 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: