

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**  
 03-08-2000 90052 011 \*\*\*150.00

**DOCUMENT # 564127**  
 1. Entity Name  
**SIEGFRIED, RIVERA, LERNER, DE LA TORRE & SOBEL,**

Principal Place of Business <b>201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134</b>	Mailing Address <b>201 ALHAMBRA CIR 1102 CORAL GABLES FL 33134-5108</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1777539</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**SIEGFRIED, STEVEN M.**  
**201 ALHAMBRA CIRCLE, SUITE 1102**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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.

SIGNATURE \_\_\_\_\_ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SIEGFRIED, STEVEN M</b> <b>201 ALHAMBRA CIR 1102</b> <b>CORAL GABLES, FL 0</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTV</b> <b>RIVERA, OSCAR R.</b> <b>201 ALHAMBRA CIR 1102</b> <b>CORAL GABLES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSV</b> <b>LERNER, LISA A.</b> <b>201 ALHAMBRA CIR 1102</b> <b>CORAL GABLES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>DE LA TORRE, HELIO</b> <b>201 ALHAMBRA CIR 1102</b> <b>CORAL GABLES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>SOBEL, STUART H</b> <b>201 ALHAMBRA CIR 1102</b> <b>CORAL GABLES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>EDWARDS, PETER H</b> <b>201 ALHAMBRA CIRCLE SUITE 1102</b> <b>CORAL GABLES FL</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Maria Victoria Arias</b> <b>201 Alhambra Cir #1102</b> <b>Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James F. Harrington</b> <b>201 Alhambra Cir #1102</b> <b>Coral Gables, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Elisabeth D. Kozlow</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director, Vice President</b> <b>201 Alhambra Cir #1102</b> <b>Coral Gables, FL 33134</b>
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"/> 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: Oscar R. [Signature] 3/6/00 305-442-3334  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)