

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90059 007 \*\*\*150.00

**DOCUMENT # 601746**

1. Entity Name  
**DANIEL V. LIGMAN, P.A.**

Principal Place of Business

~~230 CATALONIA AVENUE~~  
~~CORAL GABLES FL 33134~~

Mailing Address

~~230 CATALONIA AVENUE~~  
~~CORAL GABLES FL 33134~~

**9155 So Dadeland Blvd**  
**Miami FL - 33156 Suite 1010**

2. Principal Place of Business

**See Above**

3. Mailing Address

**See Above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

**USA**

Zip

Country

**USA**

4. FEI Number

**59-1278337**

Applied For

Not Applicable

5. Certificate of Status Desired **NO**

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIGMAN, STEVEN V.**

~~230 CATALONIA AVENUE~~ **9155 So Dadeland Blvd**  
~~CORAL GABLES FL 33134~~ **Miami FL**  
**Suite 1010 - 33156**

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.

SIGNATURE

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, 2002 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	<b>VPDS</b> <b>EVANS, GORDON J.</b> <b>230 CATALONIA AVENUE</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>LIGMAN, DANIEL V</b> <b>230 CATALONIA AVENUE</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPDS</b> <b>James C. Ligman</b> <b>9155 So Dadeland Blvd</b> <b>Suite 1010 Miami FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT</b> <b>Daniel V. Ligman</b> <b>9155 So Dadeland Blvd</b> <b>Suite 1010 Miami FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

**SIGNATURE REQUIRED**

Date

Daytime Phone #

**1/8/01 305-445-2682**

CR2E034 (9/01)