

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 648647

1. Entity Name

SILVERMAN & VICENS, P.A.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90066 032 ***150.00

Principal Place of Business

1550 MADRUGA AVE #406
CORAL GABLES FL 33146

Mailing Address

1550 MADRUGA AVE #406
CORAL GABLES FL 33146

2. Principal Place of Business

2121 PONCE DE LEON

3. Mailing Address

2121 PONCE DE LEON

Suite, Apt. #, etc.

1100

Suite, Apt. #, etc.

1100

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number 59-1956382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VICENS, ROLANDO
12901 S. CALUSA CLUB DRIVE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name SAUL SILVERMAN
Street Address (P.O. Box Number is Not Acceptable)
8430 SW 170 TERRACE
City MIAMI FL Zip Code 33157

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 Saul H Silverman President

2/16/01

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, 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

TITLE VD
NAME VICENS, ROLANDO
STREET ADDRESS 1550 MADRUGA AVE #406
CITY-ST-ZIP CORAL GABLES FL ☒ Delete

TITLE PD
NAME SILVERMAN, SAUL
STREET ADDRESS 1550 MADRUGA AVE #406
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE P S D
NAME SILVERMAN, SAUL
STREET ADDRESS 2121 PONCE DE LEON SUITE 1100
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Saul H Silverman SAUL H SILVERMAN

2/16/01

(305) 442-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)