

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698741

1. Entity Name

TODD S. SILVERMAN, CPA, P.A.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90020 032 ***150.00

Principal Place of Business

Mailing Address

% TODD S SILVERMAN, CPA
25 WEST FLAGLER STREET, STE 1021
MIAMI FL 33130

% TODD S SILVERMAN, CPA
25 WEST FLAGLER STREET, STE 1021
MIAMI FL 33130-4405

2. Principal Place of Business

3. Mailing Address

19 W. FLAGLER ST
Suite, Apt. #, etc.
STE 305

19 W. FLAGLER ST
Suite, Apt. #, etc.
STE 305

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33130 Country
MIAMI-DADC

Zip
33130 Country
MIAMI-DADC



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2117176

Applied For
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

SILVERMAN, TODD S., CPA
25 WEST FLAGLER STREET, STE 1021
MIAMI FL 33130

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 *Todd Silverman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-2000

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SILVERMAN, TODD S, CPA 25 W FLAGLER ST, 1021 MIAMI, FL 00000	<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"/> Delete
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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

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:

Todd Silverman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-374-7667
1-6-2000

CR2E034 (9/99)