

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002926

1. Entity Name

FISHMAN & TOBIN INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90094 002 ***150.00

Principal Place of Business

Mailing Address

625 RIDGE PIKE BLDG E. STE 320
CONSHOCKEN PA 19428

625 RIDGE PIKE BLDG E. STE 320
CONSHOCKEN PA 19428-1180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1306344

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHIVITE, MARIA-ELENA
9150 NW 105TH WAY
SUITE 105
MEDLY FL 33178

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, 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 ☐ Delete

NAME DCT
STREET ADDRESS TOBIN, SYLVAN M
CITY-ST-ZIP 101 CHESWOLD LN APT 50
HAVERFORD PA 19041

TITLE ☐ Delete

NAME DCS
STREET ADDRESS FISHMAN, BERNARD
CITY-ST-ZIP THE ADDISON, 1500 S OCEAN BLVD PH 3/4
BOCA RATON FL 33432

TITLE ☐ Delete

NAME P
STREET ADDRESS FISHMAN, MARK
CITY-ST-ZIP 848 ROSCOMMON RD
BRYN MAWR PA 19010

TITLE ☐ Delete

NAME T
STREET ADDRESS Nicholas Vetere
CITY-ST-ZIP 625 Ridge Pike BLDG. E. STE 320
CONSHOCKEN PA 19428

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)