

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000002926**1. Entity Name  
**FISHMAN & TOBIN INC.****FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90007 001 \*\*\*150.00

05/8/27 AT

Principal Place of Business  
**625 RIDGE PIKE BLDG E, STE 320**  
**CONSHOCKEN PA 19428**Mailing Address  
**625 RIDGE PIKE BLDG E, STE 320**  
**CONSHOCKEN PA 19428**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>23-1306344</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent****CHIVITE, MARIA-ELENA**  
**9150 NW 105TH WAY**  
**SUITE 105**  
**MEDLEY, FL 33178****7. Name and Address of New Registered Agent**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) DATE9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and effects 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**

TITLE	<b>DCT</b>	<input type="checkbox"/> Delete
NAME	<b>TOBIN, SYLVAN M</b>	
STREET ADDRESS	<b>101 CHESWOLD LN APT 50</b>	
CITY-ST-ZIP	<b>HAVERFORD PA 19041</b>	
TITLE	<b>DCS</b>	<input type="checkbox"/> Delete
NAME	<b>FISHMAN, BERNARD</b>	
STREET ADDRESS	<b>THE ADDISON, 1500 S OCEAN BLVD PH 3/4</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FISHMAN, MARK</b>	
STREET ADDRESS	<b>848 ROSCOMMON RD</b>	
CITY-ST-ZIP	<b>BRYN MAWR PA 19010</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>VETERE, NICHOLAS</b>	
STREET ADDRESS	<b>625 RIDGE PIKE BLVD E, STE 320</b>	
CITY-ST-ZIP	<b>CONSHOCKEN PA 19428</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/07/02

Date

Daytime Phone #

610-828-8100 ext 223

CR2E034 (9/01)