

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90034 005 ***150.00

DOCUMENT # G28943

1. Entity Name
ANDREW L. SIEGEL, P.A.

Principal Place of Business
% ANDREW L. SIEGEL
300 NW 82ND AVE., SUITE 412
PLANTATION FL 33324

Mailing Address
% ANDREW L. SIEGEL
300 NW 82ND AVE., SUITE 412
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

2 Principal Place of Business
2800 Weston Road

Suite, Apt. #, etc.
Suite 201

City & State
Weston, Florida

Zip
33331

Country
USA

3 Mailing Address
2800 Weston Road

Suite, Apt. #, etc.
Suite 201

City & State
Weston, Florida

Zip
33331

Country
USA

4. FEI Number **59-2293607**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, ANDREW L.
300 NW 82ND AVE., SUITE 412
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
Andrew L. Siegel

Street Address (P.O. Box Number is Not Acceptable)
2800 Weston Road

Suite 201

City **Weston** **FL** Zip Code **33331**

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

01.05.02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SIEGEL, ANDREW L 10191 SW 4 STREET PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIEGEL, ANDREW L 10191 SW 4 STREET PLANTATION FL 33324	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

01.05.02 954-4751011

Date

Daytime Phone #

CR2E034 (9/01)