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

DO NOT WRITE IN THIS SPACE

(2) Principal Place of Business	(3) Mailing Address
2800 Weston Road	2800 Weston Road
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Weston, Florida	City & State: Weston, Florida
Zip: 33331 Country: USA	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	(7) Name and Address of New Registered Agent
SIEGEL, ANDREW L. 300 NW 82ND AVE., SUITE 412 PLANTATION FL 33324	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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS SIEGEL, ANDREW L 10191 SW 4 STREET PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIEGEL, ANDREW L 10191 SW 4 STREET PLANTATION FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: _____ 01.05.02 954.475.1011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #