


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90061 007 ***168.75

DOCUMENT # **G28943**

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



Principal Place of Business
**2000 WESTON ROAD PO BOX 15
SUITE 201 FORT LAUDERDALE
WESTON FL 33001
US 33302 FL**

Mailing Address
**2000 WESTON ROAD
SUITE 201
WESTON FL 33301
US**



2. Principal Place of Business
P.O. BOX 15

3. Mailing Address
**PO BOX 15
Ft LAUDERDALE FLORIDA**

CHECK HERE IF MAKING CHANGES

City & State
Ft LAUDERDALE Florida

City & State
FL 33302

Zip Country
33302 US

Zip Country
33302 US.

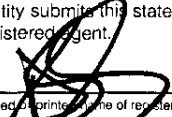
4. FEI Number **59-2293607** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SIEGEL, ANDREW L.
2000 WESTON ROAD
SUITE 201
WESTON FL 33001**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
PO BOX 15
~~Ft LAUDERDALE~~ **FL** Zip Code
33302

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1-21-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS SIEGEL, ANDREW L 10101 SW 4 STREET PLANTATION FL 33324 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 15 FT. LAUDERDALE FLA 33302 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete T SIEGEL, ANDREW L 10101 SW 4 STREET PLANTATION FL 33324 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 15 FORT LAUDERDALE FLA 33302 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **1-21-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)