

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 33301
US 33302 FLA

Mailing Address
2000 WESTON ROAD
SUITE 201
WESTON FL 33301
US

2. Principal Place of Business
P.O. BOX 15
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 15
Suite, Apt. #, etc.
FORT LAUDERDALE FLORIDA

City & State
FORT LAUDERDALE FLORIDA

City & State
FL

Zip
33302

Country
US

Zip
33302

Country
US.



☒ CHECK HERE IF MAKING CHANGES

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.
2000 WESTON ROAD
SUITE 201
WESTON FL 33301

Name
PO BOX 15
Street Address (P.O. Box Number is Not Acceptable)

FORT LAUDERDALE FL 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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-03

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
PO BOX 15
FT. LAUDERDALE FLA 33302

TITLE
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STREET ADDRESS
CITY-ST-ZIP
T
SIEGEL, ANDREW L
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

Date

Daytime Phone #

CR2E034 (10/02)