## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 29, 2001 8:00 am Secretary of State **DOCUMENT # G38231** 1. Entity Name TISHMAN & TISHMAN, P.A. 03-29-2001 90368 010 \*\*\*150.00 Principal Place of Business Mailing Address % JERRY TISHMAN % JERRY TISHMAN 8177 WEST GLADES ROAD, SUITE 24 8177 WEST GLADES ROAD, SUITE 24 **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2300148 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TISHMAN, JERRY Street Address (P.O. Box Number is Not Acceptable) 8177 WEST GLADES ROAD, SUITE 24 **BOCA RATON FL 33434** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, Change ☐ Addition TITI F ☐ Delete TITLE TISHMAN, JERRY NAME STREET ADDRESS 8177 W GLADES RD, #24 STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP BOCA RATON, FL 00000 Delete TITLE Change ☐ Addition TITLE TISHMAN, CONSTANCE E. NAME STREET ADDRESS 8177-W-GLADES-RD; #24 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Ishman, Q.C. 3/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR