## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 14, 2000 8:00 am Secretary of State OCUMENT # **H52243** SILVERMAN, SAYRE SERVICES, INC. 02-14-2000 90028 034 \*\*\*150.00 Mailing Address incipal Place of Business SILVERMAN SAYRE SERVICE SAYRE SERVICES S. PARK RD. 2533 S. PARK RD. FL 33009 HALLANDALE FL 33009-3813 3. Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2514977 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SILVERMAN, SYDNEY Street Address (P.O. Box Number is Not Acceptable) 2533 S. PARK RD. HALLANDALE FL 33009 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 3. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) ☐ Change ☐ Additi ☐ Delete NAME SILVERMAN, SYDNEY STREET ADDRESS 2533 S. PARK RD. CITY-ST-ZIP ST-ZIP HALLANDALE FL ☐ Change ☐ Addition ☐ Delete STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS ATTITUDES CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS ABBOLÇÇ CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS and a second of CITY-ST-ZIP ST ZIP ☐ Addition ☐ Change ☐ Defete NAME

STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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

Daytime Phone #