## **2000 UNIFORM BUSINESS REPORT (UBR)**

## Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # K58388** 1. Entity Name JACK SILVERSTEIN, INC. 04-12-2000 90087 003 \*\*\*150.00 Principal Place of Business Mailing Address 1425 S.W. 27TH AVENUE 1425 S.W. 27TH AVENUE DELRAY BEACH FL 33445-5838 **DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0093290 Not Applicable Country Zip Country Zip \$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 SILVERSTEIN, JACK Street Address (P.O. Box Number is Not Acceptable) 1425 S.W. 27TH AVENUE **CB54 DELRAY BEACH FL 33445** City Zip Code 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. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. TITLE Change Addition TITLE ☐ Delete NAME SILVERSTEIN, JACK NAME 1425 S.W. 27 AVE, CB54 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL Change Addition □ Delete TITLE TITLE SILVERSTEIN, ANITA NAME NAME STREET ADDRESS 1425 S.W. 27 AVE, CB54 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Defete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITI: ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE THLE NAME STREET ADDRESS

13. 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SINEEL ADDRESS

ST-ZIP