

**FOR PROFIT CORPORATION 2004
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90145 038 ***150.00

DOCUMENT # K65305

1. Entity Name
Silver, Garvett & Henkel, P.A.

DO NOT WRITE IN THIS SPACE

44044463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1110 Brickell Avenue		3. Mailing Address	
Suite, Apt. #, etc. Penthouse One		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33131	Country Miami-Dade	Zip	Country
4. FEI Number 65-0158544		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Fredric M. Garvett

Street Address (P.O. Box Number is Not Acceptable)
1110 Brickell Avenue - Penthouse One

City Miami **FL** **Zip Code** 33131

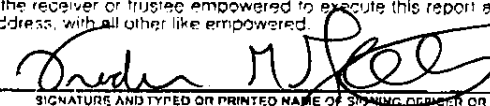
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Fredric M. Garvett PD 1110 Brickell Ave. P One Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Scott A. Silver VPST 1110 Brickell Avenue - P One Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Timothy D. Henkel Sec 1110 Brickell Avenue Penthouse One Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **04/29/04** **305/377-8802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR