FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2004

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	3. Mailing Address
1110 Brickell Avenue	
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Fredric M. Garvett PD 1110 Brickell Ave. Pll 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 - Pll 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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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / 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 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 — Date — Daytime Phone #