2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010913

1. Entity Name
BARON, SILVER, STEVENS FINANCIAL ADVISORS, L.L.C

FILED
01 MAR 21 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

606000009 AF

Principal Place of Business	Mailing Address
2750 NORTH 29TH AVE. HOLLYWOOD FL 33020	2750 NORTH 29TH AVE. HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2750 N. 29TH AVE	2750 N. 29TH AVE
Suite, Apt. #, etc.: SUITE # 210	Suite, Apt. #, etc.: SUITE # 210
City & State: HOLLYWOOD FLORIDA	City & State: HOLLYWOOD, FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. FEI Number: 65-103940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELLIS, SETH E P.A. 2600 NORTH MILITARY TRAIL, STE. 290 BOCA RATON FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT NAME: HOWARD S. BARON STREET ADDRESS: 2750 N. 29TH AVE SUITE 210 CITY-ST-ZIP: HOLLYWOOD, FL. 33020	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: VICE PRESIDENT NAME: MICHAEL J. SILVER STREET ADDRESS: 2750 N. 29TH AVE SUITE #210 CITY-ST-ZIP: HOLLYWOOD, FL 33020	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: TREASURER NAME: PETER L. STEVENS STREET ADDRESS: 2750 N. 29TH AVE SUITE #210 CITY-ST-ZIP: HOLLYWOOD, FL. 33020	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ PETER L. STEVENS 3/07/01 (954) 929-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #