

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90024 029 \*\*\*550.00

**DOCUMENT # L38300**

1. Entity Name  
**SETH GORDON ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
~~444 BRICKELL AVENUE. #1050~~ ~~444 BRICKELL AVENUE. #1050~~  
~~MIAMI FL 33131~~ ~~MIAMI FL 33131~~  
**2601 S. Bayshore Dr. #300B** **2601 S. Bayshore Dr. #300B**  
**MIAMI FL 33133** **MIAMI FL 33133**

2. Principal Place of Business 3. Mailing Address  
**2601 S. Bayshore Drive** **2601 S. Bayshore Dr.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**300B** **300B**

City & State City & State  
**MIAMI FL** **MIAMI FL**

Zip Country Zip Country  
**33133 US** **33133 US**

4. FEI Number **65-0163788** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GORDON, SETH**  
**444 BRICKELL AVENUE**  
**SUITE 1050**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**2601 S. Bayshore Drive**  
**Ste. 300B**  
 City **MIAMI** FL Zip Code **33133**

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)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>DPC</b> <b>GORDON, SETH</b> <b>3904 BRAGANZA AVE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BRADLEY, LAURA</b> <b>3904 BRAGANZA AVE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (5/00)