

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90133 026 ***150.00

DOCUMENT # M17516

1. Entity Name
SPERRY, SHAPIRO & KASHI, P.A.



Principal Place of Business
**633 S. ANDREWS AVE.
SUITE 101
FT. LAUDERDALE FL 33301
US**

Mailing Address
**633 S. ANDREWS AVE.
SUITE 101
FT. LAUDERDALE FL 33301
US**



2. Principal Place of Business
**1776 N. Pine Island Rd.
Suite, Apt. #, etc.
Suite 324**

3. Mailing Address
**1776 N. Pine Island Rd.
Suite, Apt. #, etc.
Suite 324**

City & State
**Plantation, FL
Zip 33322 Country USA**

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**Plantation, FL
Zip 33322 Country USA**

4. FEI Number **59-2556351**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TROP, MICHAEL L.
200 EAST LAS OLAS BLVD STE 1900
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
SPERRY, MARTIN J.
633 S ANDREWS AVE #101
FT. LAUDERDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SHAPIRO, RONALD
633 S ANDREWS AVE #101
FT. LAUDERDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
KASHI, JOSEPH
633 S ANDREWS AVE #101
FT LAUDERDALE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1776 N. Pine Island Rd. Ste 324
Plantation, FL 33322**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1776 N. Pine Island Rd. Ste 324
Plantation, FL 33322**

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOTARIZED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin J. Sperry 1/9/03 (954) 423-6553
Date Daytime Phone #

CR2E034 (10/02)