

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

003792 AV

**DOCUMENT # M55033**

1. Entity Name  
**SIERT ASSOCIATES, INC.**

07-06-2001 90209 031 \*\*\*150.00

Principal Place of Business <b>255 ALHAMBRA CIRCLE          STE 404          CORAL GABLES FL 33134          US</b>	Mailing Address <b>255 ALHAMBRA CIRCLE          STE 404          CORAL GABLES FL 33134          US</b>
---	---



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>59-2843896</b>	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
-----	---------	-----	---------	---

**6. Name and Address of Current Registered Agent**

**SIERT, NORRIS  
 255 ALHAMBRA CIRCLE  
 STE 404  
 CORAL GABLES FL 33134**

**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.

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 12, 2001 Fee 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>PD SIERT, NORRIS 255 ALHAMBRA CIRCLE STE 404 CORAL GABLES FL 33134</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
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
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

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)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(Norr's Siert)* 7/6/01 461-1153 (305)  
Date Daytime Phone #

CR2E034 (5/01)

Attachment  
D# M55033  
A0076119

Siert Associates, Inc.

Norris Siert  
President

255 Alhambra Circle—Suite 404  
Coral Gables, Florida 33134-7411  
Telephone 305/461-1153

July 2, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Reference: 2001 UBR, Document #M55033

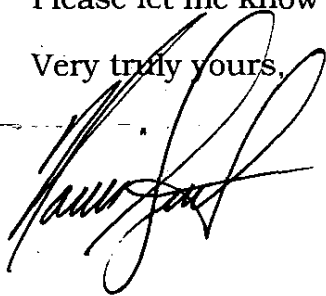
Dear Madam or Sir:

I received the enclosed 2001 Uniform Business Report in today's mail. To the best of my belief and knowledge, no earlier mailing of this form was ever received by my office (as the only employee, I open all the mail myself). I can only assume that the copy of the "Report" mailed in January somehow never reached my office.

At the suggestion of one of the taxpayer service people who answered my call this afternoon, I am enclosing the UBR along with the regular \$150.00 UBR filing fee. This letter is my appeal of the additional \$400.00 "late filing" fee. The basis of my appeal is my inability to file previously because I did not receive the form when it was first mailed to me. I hope you will agree that the penalty is not appropriate in these circumstances and that you will waive it for this year.

Please let me know if I can provide any additional information.

Very truly yours,



Faint, illegible text at the bottom of the page, possibly a stamp or footer.