2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2001 8:00 am Secretary of State DOCUMENT # P0000019717 1. Entity Name SERBER & ASSOCIATES, P.A. 01-19-2001 90095 023 ***150.00 Principal Place of Business Mailing Address 3025 NE 208TH ST. 3025 NE 208TH ST. AVENTURA FL 33180 AVENTURA FL 33180 **UUUU034**J 2. Principal Place of Business 2875 NE 191 STREET 3. Mailing Address 2875 NE 191 SMEET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc Suine 201 Suite Bol Giy & State AVENDUM, FLORIDA 4. FEI Number 65-0985132 Applied For City & State AVENTURA HLORIDA Not Applicable Country V S A-\$8.75 Additional 203180 33180 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent J SERBIN SERBER, DANIEL J ESQ. Address (P.O. Box Number is Not Acceptable) 3025 NE 208TH ST. **AVENTURA FL 33180** 33<u>i 80</u> tventura 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. DANIEL J. SERBEL SIGNATURE (NOTE: Registered Agent signature required when reinstating) dignature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITLE SERBOR DANIEL J. ESP. 1287 SV 12801 NAME NAME SERBER, DANIEL J ESQ. STREET ADDRESS STREET ADDRESS 3025 NE 208TH ST. AVIDINIM, FLORIDA 33180 CITY-ST-ZIP CITY-ST-7IP **AVENTURA FL 33180** ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 Block 12 if changed, or on an attachment with an address, with all other like empowered. (305) 932-6262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR