2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000019717 1. Entity Name SERBER & ASSOCIATES, P.A.							Secretary of State 02-07-2002 90185 039 ***150.00				
Principal Place of Business 2875 NE 191 STREET STE 801 AVENTURA FL 33180			Mailing Address 2875 NE 191 STREET STE 801 AVENTURA FL 33180								
2. Principal Place of Business			3. Mailing Address				L JOBETOBE III OBEN BEIN DONE OBEN BUEN	88181 81	. 0 (01) (9 00 1	IEII 1881 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	Applied For Not Applicab				
Zip		Country Zip Cour		Count	ry	5.	Certificate of Status Desired		8.75 Add se Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
2875 NE	Daniel Je 191 street A FL 33180	Γ STE 801			Street Ado	treet 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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 \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			0.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees				
11.	1	OFFICERS AND D	IRECTORS		Αſ	DDITIONS/CHANGES TO OFFICER					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SERBER, DANIEL JIESQ. 2875 NE 191 ST STE 801							(] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					[Change	☐ Addition	
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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:

