2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State
01-08-2003 90021 044 ***150.00

DOCUMENT # P00000046520

1. Entity Name
PAUL K. SILVERBERG, P.A.

Principal Place of Business	Mailing Address
318 INDIAN TRACE. #290	318 INDIAN TRACE. #290
WESTON FL 33326	WESTON FL 33326

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2665 Executive Park Drive	
Suite, Apt. #, etc: Suite 3	Suite, Apt. #, etc: Same
City & State: Weston FL	City & State
Zip: 33331 Country	Zip Country

4. FEI Number 65-1006318 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAIL BOX ETC.
318 INDIAN TRAIL #290
WESTON FL 33326

7. Name and Address of New Registered Agent

Name: Paul K. Silverberg, Esq.
Street Address (P.O. Box Number is Not Acceptable): 2605 Executive Park Drive Suite 3
City: Weston FL Zip: 33331

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] Paul K. Silverberg, Esq. 1-3-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST SILVERBERG, PAUL K 318 INDIAN TRAIL #290 WESTON FL 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Silverberg, Paul K 2605 Executive Park Drive, Suite 3 Weston, FL 33331	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: SIGNATURE REQUIRED [signature] Paul K. Silverberg 1-3-03 954-384-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)