

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90226 026 \*\*\*150.00

659875

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000107673

**1. Entity Name**  
 Lichtenstein & Briefman CPA, PA

**Principal Place of Business**  
 2501 S. Tamiami Trail  
 Sarasota, FL 34239

**Mailing Address**  
 Same

**2. Principal Place of Business**  
 2501 S Tamiami Trail  
 Suite, Apt. #, etc.

**3. Mailing Address**  
 Same  
 Suite, Apt. #, etc.

**City & State**  
 Sarasota FL

**City & State**  
 Same

**Zip**  
 34239

**Country**  
 USA

**4. FEI Number**  
 65-1055509

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

**6. Name and Address of Current Registered Agent**  
 DAVID M. Silbustein  
 720 South Orange Ave  
 Sarasota, FL 34236

**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**  
 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) ☐

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
Pres	Mark Briefman	2501 S Tamiami Trail	Sarasota FL 34239	<input type="checkbox"/>
VP	Allan Lichtenstein	2501 S Tamiami Trail	Sarasota, FL 34239	<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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:** Mark Briefman, Pres Mark Briefman 4/27/01 (941) 366-3737

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #

CR2E034 (11/00)