FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90164 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079737

1. Entity Name
IRA SCOT SILVERSTEIN, P.A.

Principal Place of Business	Mailing Address
9793 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065	9793 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065

2. Principal Place of Business	3. Mailing Address
500 NE 4th ST.	500 NE 4th ST
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33301 Country BROWARD	Zip 33301 Country BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1128871 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERSTEIN, IRAN SCOT ESQ.
9793 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33061

7. Name and Address of New Registered Agent

Name IRA SCOT SILVERSTEIN
Street Address (P.O. Box Number is Not Acceptable) 500 NE 4th ST.
SUITE 100
City FT. LAUDERDALE FL Zip Code 33301

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] 4/29/03
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	PSTD SILVERSTEIN, IRA SCOT 9793 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SILVERSTEIN, IRA SCOT 500 SE 4th ST. STE 100 FT. LAUDERDALE, FL 33301 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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] 4/29/03 (954) 764-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #