

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026578

1. Entity Name

SHERMAN LAW OFFICES, CHARTERED

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90087 012 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2400 E. OAKLAND PARK BLVD.~~  
~~FT. LAUDERDALE FL~~

~~2400 E. OAKLAND PARK BLVD.~~  
~~FT. LAUDERDALE FL 33334 0656~~

2. Principal Place of Business

1000 CORPORATE DRIVE

3. Mailing Address

1000 CORPORATE DRIVE

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33334

Country

USA

Zip

33334

Country

USA

4. FEI Number

65-0401545

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHERMAN, KIM D ESQ.

~~2400 E. OAKLAND PARK BLVD.~~  
~~FT. LAUDERDALE FL~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1000 CORPORATE DRIVE  
 SUITE 310

City Fort Lauderdale

FL

Zip Code

33334

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

*Kim Douglas Sherman*  
 Signature, typed or printed name of registered agent and title if applicable

1-5-2000

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SHERMAN, KIM D ESQ.	<del>2400 E. OAKLAND PARK BLVD.</del>	<del>FT. LAUDERDALE FL</del>	<input type="checkbox"/>
	SHERMAN LAW OFFICES	1000 Corporate Dr. Ste 310	Fort Lauderdale, FL 33334	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PRESIDENT DIRECTOR	SHERMAN, KIM DOUGLAS, ESQ.	1000 CORPORATE DRIVE, SUITE 310	FORT LAUDERDALE FL 33334	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SEC/TREAS/DIRECTOR	SHERMAN, CRAIG B.	1000 CORPORATE DRIVE, SUITE 310	FORT LAUDERDALE FL 33334	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input 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)(l), 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:

*Kim Douglas Sherman*  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-481-2500

CR2E034 (9/99)