

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092247

1. Entity Name

FISHER ISLAND LANGUAGES, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90113 004 \*\*\*150.00

Principal Place of Business

Mailing Address

1390 BRICKELL AVE  
 #103  
 MIAMI FL 33131  
 US

321 SW 187 AVE  
 PEMBROKE PINES FL 33029-5435  
 US

2. Principal Place of Business

2455 E. SUNRISE BLVD.

3. Mailing Address

2455 E. SUNRISE BLVD.

Suite, Apt. #, etc.

SUITE 512

Suite, Apt. #, etc.

SUITE 512



DO NOT WRITE IN THIS SPACE

City & State

FORT LAUDERDALE FL

City & State

FORT LAUDERDALE FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. FEI Number

65-0567464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERMAN, STEVEN  
 7000 SW 62ND AVE., PH-B  
 S. MIAMI FL 33143

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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DPT  
 TUCK, DONALD  
 321 SW 187 AVE  
 PEMBROKE PINES FL 33029 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V  
 BRAZIER, CLIFFORD  
 1340 BRICKELL AVE #103  
 MIAMI FL 33131 ☒ Delete

TITLE  
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 CITY-ST-ZIP  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)