

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90264 023 \*\*\*150.00

<b>DOCUMENT # P95000010573</b>																			
1. Entity Name <b>ELLEN S. TILLES, P.A.</b>																			
Principal Place of Business <b>1300 HARRISON ST HOLLYWOOD FL 33019</b>		Mailing Address <b>1300 HARRISON ST HOLLYWOOD FL 33019</b>																	
2. Principal Place of Business		3. Mailing Address																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																	
City & State		City & State																	
Zip	Country	Zip	Country																
4. FEI Number <b>65-0554997</b>		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																	
<b>TILLES, ELLEN S 1300 HARRISON ST HOLLYWOOD FL 33019</b>		Name																	
		Street Address (P.O. Box Number is Not Acceptable)																	
		City																	
		<b>FL</b> 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 <i>Ellen S. Tilles</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>April 23, 01</b>																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																	
<b>11. OFFICERS AND DIRECTORS</b>																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">                     TITLE <b>D</b> <input type="checkbox"/> Delete                      NAME <b>TILLES, ELLEN S</b>                      STREET ADDRESS <b>1300 HARRISON ST</b>                      CITY-ST-ZIP <b>HOLLYWOOD FL 33019</b> </td> <td style="width:50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition                 </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>TILLES, ELLEN S</b> STREET ADDRESS <b>1300 HARRISON ST</b> CITY-ST-ZIP <b>HOLLYWOOD FL 33019</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition														
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<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																			
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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: <i>Ellen S. Tilles</i>		Date <b>April 23, 01</b> Daytime Phone # <b>954-927-8970</b>																	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)