

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

DOCUMENT # P95000033835

1. Entity Name  
**SIQUIER-SCOTT AND ASSOCIATES INC.**

08-08-2001 90010 020 \*\*\*150.00

**00060931**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>35 NE 40TH ST SUITE 103 Miami, FL 33137 US</b>		Mailing Address <b>35 NE 40TH ST SUITE 103 Miami, FL 33137 US</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>65-0585106</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>Scott, Susan M</b> <del>1100 100TH ST. #1</del> <b>2000 TOWERSIDE TERR</b> <del>Bay Harbor, FL 33154</del> <b>#401</b> <b>MIAMI, FL 33138</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 _____ (NOTE: Registered Agent signature required when reappointing)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<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"/>		<b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>VP</b> NAME <b>Scott, Susan M</b> STREET ADDRESS <b>1100 100TH ST. #1</b> CITY-ST-ZIP <b>Bay Harbor, FL 33154</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>SUSAN M. SCOTT</b> STREET ADDRESS <b>2000 TOWERSIDE TERR. #401</b> CITY-ST-ZIP <b>MIAMI, FL 33138</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b> NAME <b>Heller, Diane L</b> STREET ADDRESS <b>3600 Mystic Pointe DR #114</b> CITY-ST-ZIP <b>Aventura, FL 33180</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Susan M. Scott

CR2E034 (11/00)