

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**  
 04-27-2000 90038 004 \*\*\*150.00

**DOCUMENT # P96000009850**

1. Entity Name  
**ALAN FISHMAN & ASSOCIATES, P.A.**

Principal Place of Business	Mailing Address
2301 W. SAMPLE RD. BLDG. 3, STE. 3A POMPANO BEACH FL 33073	2301 W. SAMPLE RD BLDG. 3, STE. 3A POMPANO BEACH FL 33073-3081 US

2. Principal Place of Business	3. Mailing Address
2301 W. SAMPLE RD Suite, Apt. #, etc. BLDG 4, STE 1A	Suite, Apt. #, etc.
City & State POMPANO BEACH	City & State
Zip 33073	Country BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0637001	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHMAN, ALAN  
 2301 W. SAMPLE RD.  
 BLDG. 3, STE. 3A  
 POMPANO BEACH FL 33073

7. Name and Address of New Registered Agent

Name

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

BLDG 4 STE 1A

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 Alan Fishman DATE 4/20/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY- ST- ZIP			STREET ADDRESS		
			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS			NAME		
CITY- ST- ZIP			STREET ADDRESS		
			CITY- ST- ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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STREET ADDRESS			NAME		
CITY- ST- ZIP			STREET ADDRESS		
			CITY- ST- ZIP		

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: Alan Fishman DATE 4/20/00 DAYTIME PHONE # 954-975-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)