

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90093 049 \*\*\*150.00

DOCUMENT # P96000010921

1. Entity Name  
**BRYST ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3300 UNIVERSITY DR #10 CORAL SPRINGS FL 33065	Mailing Address 3300 UNIVERSITY DR #10 CORAL SPRINGS FL 33065-6300
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2. Principal Place of Business <b>7860 WILES RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>7860 WILES RD</b> Suite, Apt. #, etc.
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City & State <b>CORAL SPRINGS FL</b>	City & State <b>CORAL SPRINGS FL</b>	4. FEI Number <b>65-0643581</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33067</b>	Country	Zip <b>33067</b>	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEDERMAN, SHERYL**  
**3300 UNIVERSITY DRIVE, SUITE 10**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**7860 WILES RD**  
 City **CORAL SPRINGS FL** Zip Code **33067**

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 SHERYL LEDERMAN P. Sheryl Lederman 4/25/00  
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 <b>P</b>	<input type="checkbox"/> Delete <b>LEDERMAN, SANFORD</b> <del>3300 UNIVERSITY DR</del> <b>CORAL SPRINGS FL 33065</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7860 WILES RD</b> <b>CORAL SPRINGS, FL 33067</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>LEDERMAN, SHERYL</b> <b>3300 UNIVERSITY DR</b> <b>CORAL SPRINGS FL 33065</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7860 WILES RD</b> <b>CORAL SPRINGS, FL 33067</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>YOUNGERMAN, JAY S</b> <b>875 OLD COUNTRY RD</b> <b>PLAINVIEW NY 11803</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete	TITLE <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: [Signature] 4/25/00 (54) 344-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)