

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043534

1. Entity Name

SIROTA & ASSOCIATES, P.A.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90288 021 \*\*\*150.00

Principal Place of Business

200 S BISCAYNE BLVD  
SUITE 4600  
MIAMI FL 33131-2310  
US

Mailing Address

200 S BISCAYNE BLVD  
SUITE 4600  
MIAMI FL 33131-2310  
US

2. Principal Place of Business

200 S Biscayne Blvd

Suite, Apt. #, etc.

SUITE 5120

City & State

MIAMI, FL

Zip

33131-2310

Country

U.S.

3. Mailing Address

200 S Biscayne Blvd

Suite, Apt. #, etc.

SUITE 5120

City & State

MIAMI, FL

Zip

33131-2310

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0691245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIROTA, GEORGE G  
200 S BISCAYNE BLVD  
SUITE 4600  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

SIROTA, GEORGE G.

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

200 S BISCAYNE BLVD

SUITE 5120

City

MIAMI

FL

Zip Code

33131

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SIROTA, GEORGE G	
STREET ADDRESS	200 S BISCAYNE BLVD #4600	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIROTA, GEORGE G	
STREET ADDRESS	200 S BISCAYNE BLVD # 5120	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

04/19/01 305-373-1995

Date

Daytime Phone #

CR2E034 (10/00)