

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90142 023 ***150.00

DOCUMENT # P96000095036

1. Entity Name

SILBERSTEIN DEVELOPMENT ASSOCIATES, INC.

Principal Place of Business

219 NE 1ST AVE.
DELRAY BEACH FL 33444

Mailing Address

219 NE 1ST AVE.
DELRAY BEACH FL 33444

2. Principal Place of Business

700 S. FEDERAL HIGHWAY

3. Mailing Address

700 S. FEDERAL HWY 1

Suite, Apt. #, etc.

SUITE 200 SZG

Suite, Apt. #, etc.

SUITE 200 SZG

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

Zip

33432

Country

4. FEI Number

65-0765413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILBERSTEIN, JEFFREY K
801 ELDERBERRY WAY
BOCA RATON FL 33486

Name

Steven Garellek

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

700 S. Federal Hwy

Suite 200

City

Boca Raton

FL

Zip Code

33432

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | SILBERSTEIN, JEFFREY K | |
| STREET ADDRESS | 219 NE 1ST AVE. 524 NE 2ND ST. | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 33483 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | GABAY, LEON C/O STEVEN GARELLEK | |
| STREET ADDRESS | 219 NE 1ST AVE. 700 S. FEDERAL HWY | |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 #200 | |
| TITLE | BOCA RATON, FL 33432 | <input type="checkbox"/> Delete |
| NAME | Carri | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SECRETARY | <input type="checkbox"/> Delete |
| NAME | CHRISTOPHER J. BROWN C/O STEVEN | |
| STREET ADDRESS | 700 S. FEDERAL HWY 4200 GARELLEK | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEON GABAY | |
| STREET ADDRESS | 700 S. FEDERAL HIGHWAY #200 SZG | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LEONARD ALBANESE | |
| STREET ADDRESS | 700 S. FEDERAL HIGHWAY #200 SZG | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | |
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHRISTOPHER J. BROWN | |
| STREET ADDRESS | 700 S. FEDERAL HIGHWAY #200 SZG | |
| CITY-ST-ZIP | BOCA RATON, FL 33432 | |
| 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:

LEON GABAY, VICE PRESIDENT

Date

02.26.01

Daytime Phone #

CR2E034 (10/00)