

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA7000005590**

1. Entity Name

BARRY SILVERSTEIN, D.C., P.A.

FILED

02 JUN 10 PM 12: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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-06/25/02--01063--001

****300.00 ****300.00

2. Principal Place of Business

4373 W. SUNRISE BLVD

3. Mailing Address

4373 W. SUNRISE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-0719203

Applied For

Not Applicable

Zip **33313**

Country **USA**

Zip **33313**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **BARRY SILVERSTEIN**

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

4373 W. SUNRISE BLVD

City **PLANTATION**

FL

Zip Code **33313**

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]

BARRY SILVERSTEIN

6/6/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 **PSTD**
NAME **BARRY Silverstein**
STREET ADDRESS **4373 W. SUNRISE BLVD**
CITY- ST- ZIP **PLANTATION FL 33313**

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IN THIS SPACE**

201.25 - ARC

10.00 - ARARIS

88.75 - ARSUPP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY SILVERSTEIN

6/6/02

954 587-5272

Date

Daytime Phone #

CR2E034B (12/01)

272

Barry Silverstein, D.C., P.A.
4373 W. Sunrise Blvd.
Plantation, FL 33313

Monday, June 03, 2002

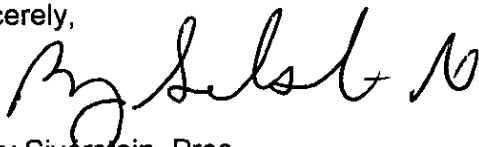
Department of State
Annual Report filings
Division of Corporations
PO. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

We herewith are submitting our annual report for 2002 and submitting our check for \$300 covering the fees for 2002 and 2001. We request a waiver of the penalties imposed for late filing of our 2002 and 2001 annual report.

Our business address has changed, we submitted a change of address on 4/11/2000 to 4373 W. Sunrise Blvd. and the address was changed to 7373 W. Sunrise Blvd. We did not receive a form or any other notification to file the report.

Sincerely,

A handwritten signature in black ink, appearing to read 'Barry Silverstein', written over the word 'Sincerely,'.

Barry Silverstein, Pres.