

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000041548**

1. Entity Name

**FISHER PROPERTIES, INC.**

Principal Place of Business

C/O GEORGE D. PERLMAN,P.A.  
701 BRICKELL AVENUE STE 3000  
MIAMI FL 33131

Mailing Address

C/O GEORGE D. PERLMAN,P.A.  
701 BRICKELL AVENUE STE 3000  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0758088**

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

PERLMAN, GEORGE D  
701 BRICKELL AVENUE  
STE 3000  
MIAMI FL 33131Name **GEORGE D. PERLMAN, P.A.**

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

**701 BRICKELL AVENUE****Suite 3000**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	PERLMAN, GEORGE D	
STREET ADDRESS	799 BRICKELL PLAZA SUITE 900	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Delete
NAME	MOSELSON, DENNIS	
STREET ADDRESS	C/O 799 BRICKELL PLAZA SUITE #900	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TS	<input type="checkbox"/> Delete
NAME	MOSELSON, MARIAN	
STREET ADDRESS	799 BRICKELL PLAZA SUITE #900	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MOSELSON, DENNIS	
STREET ADDRESS	C/O 799 BRICKELL PLAZA, STE 900	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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

**GEORGE D. PERLMAN****Vice President**

Date

Daytime Phone #

**4-25-01****FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90109 039 \*\*\*150.00

**C0059912**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)