

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2001 8:00 am**  
**Secretary of State**

08-09-2001 90044 003 \*\*\*150.00

0031724 AV

**DOCUMENT # S02230**

1. Entity Name

**PRAXIS CONSULTING SERVICES, INC.**

Principal Place of Business

**9135 RAMBLE WOOD DR  
 #135  
 CORAL SPRINGS FL 33071  
 US**

Mailing Address

**9135 RAMBLE WOOD DR  
 #135  
 CORAL SPRINGS FL 33071  
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

**65-0222003**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SILVERBERG, LAWRENCE  
 9135 RAMBLEWOOD DR #135  
 CORAL SPRINGS FL 33071**

Name

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

City

**FL**

Zip Code

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PSTD  
 SILVERBERG, LAWRENCE  
 9135 RAMBLEWOOD DR #135  
 CORAL SPRINGS FL 33071**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

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☐ Change ☐ 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Lawrence Silverberg 7/25/01 (954) 340-8167**

CR2E034 (5/01)

attachment  
D# 802230  
B6061747

To Whom It May Concern:

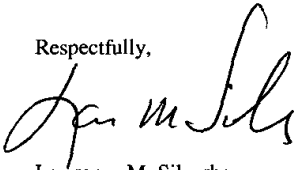
7/25/01

I am writing to ask for your assistance with the re-instatement fee for my corporation. I have received notification that I am late in filing and am subject to a \$550 fee. I called your office in Tallahassee at (850) 488-9000, and the representative suggested I write this letter.

The reason my filing was late is due to my having to work in Orlando while at the same time maintaining my primary residence in Ft. Lauderdale. I submitted a change of address form with the post office in September of 2000. That form instructed them to forward my mail to Orlando. However, as of the first of the year my mail was no longer forwarded but was returned to sender. In addition to your original filing document many of my bills were returned, unbeknownst to me.

Therefore, at the suggestion of your representative, I am enclosing an original filing fee in the hope that it will be sufficient considering the circumstances. Please notify me if there is any problem. I thank you for your attention to this issue.

Respectfully,



Lawrence M. Silverberg  
President Praxis Consulting Services