

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90040 042 \*\*\*550.00

**DOCUMENT # S13889**

1. Entity Name  
**TCHIVIDJIAN AND ASSOCIATES, INC.**



Principal Place of Business

2836 UNIVERSITY DR  
 CORAL SPRINGS FL 33065  
 US

Mailing Address

P O BOX 8142  
 CORAL SPRINGS FL 33075  
 US

**A0075059**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3300 UNIVERSITY DRIVE**

3. Mailing Address

**PO Box 811866**

Suite, Apt. #, etc.

**404**

Suite, Apt. #, etc.

City & State  
**CORAL SPRINGS, FL**

City & State  
**BOCA RATON, FL**

4. FEI Number **65-0239250**

Applied For  
 Not Applicable

Zip  
**33065**

Country

Zip  
**33481-1866**

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

**MORGAN, CHARLES O., JR.**  
**1300 NW 167TH ST.**  
**MIAMI FL 33169**

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 13, 2000 Min. 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 **P**  Delete  
 NAME **TCHIVIDJIAN, STEPHEN PH**  
 STREET ADDRESS **4131 NW 99TH AVE.**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Signature of Stephen B. Tchividjian*  
**STEPHAN B. TCHIVIDJIAN**  
 Date: **8/31/00**  
 Daytime Phone #: **561-982-9593**

CR2E034 (5/00)