

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90114 040 ***550.00

0091777 AV

DOCUMENT # V11383

1. Entity Name
ANDREW L. SILVERMAN, P.A.

Principal Place of Business 2734 E OAKLAND-PK BLVD STE 200 FT LUD FL 33306 US	Mailing Address 2734 E OAKLAND-PARK BLVD STE 200 FT LAUDERDALE FL 3306 US
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2. Principal Place of Business 9610 N.W 2nd St	3. Mailing Address 9610 N.W 2nd St.
Suite, Apt. #, etc. 107	Suite, Apt. #, etc. 107
City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33024	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0312208	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SILVERMAN, ANDREW L. 3300 NE 191 #414 ADVENTURA FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9610 N.W 2nd St. #107 City Pembroke Pines FL Zip Code 33024
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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 *Andrew L. Silverman* **Andrew L. Silverman** **7/17/01**
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	P SILVERMAN, ANDREW L. 3300 NE 191 #414 ADVENTURA FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, T, S + Director 9610 N.W 2nd St. #107 Pembroke Pines, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Andrew L. Silverman* **Andrew L. Silverman** **8/27/01** **(954) 704-8991**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

11/01/01 11:01 AM