

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90162 025 ***150.00

DOCUMENT # V11383

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



Principal Place of Business
9610 NW 2ND AVENUE, #107
PEMBROKE PINES FL 33024
US

Mailing Address
9610 NW 2ND AVENUE, #107
PEMBROKE PINES FL 33024
US

2. Principal Place of Business

12852 S.W. 26th St.

Suite, Apt. #, etc.

Davie, Florida

City & State

3. Mailing Address

12852 S.W. 26th St.

Suite, Apt. #, etc.

Davie, FL

City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0312208**

Applied For

Not Applicable

Zip
33330

Country
U.S.A.

Zip
33330

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, ANDREW L.
9610 NW 2ND STREET, #107
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name **Andrew L. Silverman**
Street Address (P.O. Box Number is Not Acceptable)
12852 S.W. 26th St.
City **Davie** FL Zip Code **33330**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PVPD** ☐ Delete
NAME **SILVERMAN, ANDREW L.**
STREET ADDRESS **9610 NW 2ND STREET, #107**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVPD** ☒ Change ☐ Addition
NAME **Andrew L. Silverman**
STREET ADDRESS **12852 S.W. 26th St.**
CITY-ST-ZIP **Davie, FL 33330**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/03 (954) 704-2991
Date Daytime Phone #

CR2E034 (10/02)