


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**

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**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip **33330** Country **U.S.A.**

6. Name and Address of Current Registered Agent
**SILVERMAN, ANDREW L.
9610 NW 2ND STREET, #107
PEMBROKE PINES FL 33024**

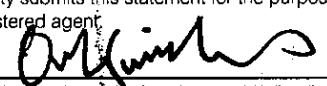
7. Name and Address of New Registered Agent

Name **Andrew L. Silverman**

Street Address (P.O. Box Number is Not Acceptable)
12852 S.W. 26th St.

City **Davie** State **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:  DATE: **3/5/03**

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PVPD SILVERMAN, ANDREW L. 9610 NW 2ND STREET, #107 PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD Andrew L. Silverman 12852 S.W. 26th St. Davie, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **3/5/03** (954) 704-2991

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)