

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90048 023 ****61.25

DOCUMENT # 751159

1. Entity Name

THE BERKSHIRE, INC.

Principal Place of Business

Mailing Address

1775 S OCEAN BLVD
 DELRAY BCH FL 33483

1775 S OCEAN BLVD
 DELRAY BCH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2027088

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

SCHWARTZ, RICHARD M.
21306 RAINDANCE LANE
BOCA RATON FL 33428

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
 NAME **PLETCHER, THOMAS**
 STREET ADDRESS **9017 HAWTHORNE AVENUE**
 CITY-ST-ZIP **SURFSIDE FL 33154**

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

TITLE **SD** ☒ Delete
 NAME **JONES, STAN**
 STREET ADDRESS **2300 NE-15 TERRACE**
 CITY-ST-ZIP **WILTON MANORS FL 33305**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Genevieve Deland**
 STREET ADDRESS **8400 SW 55 Court**
 CITY-ST-ZIP **Davie, FL 33328**

TITLE **T** ☐ Delete
 NAME **SCHWARTZ, RICHARD M.**
 STREET ADDRESS **21306 RAINDANCE LANE**
 CITY-ST-ZIP **BOCA RATON FL**

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

TITLE **D** ☐ Delete
 NAME **AMASON, DAVID**
 STREET ADDRESS **328 E LAKEWOOD ROAD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **PD** ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
 NAME **LOUIS, ALLAN J**
 STREET ADDRESS **7831 N.W. 4 ST**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **D** ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **D** ☐ Change ☒ Addition
 NAME **Marlene K. Lee**
 STREET ADDRESS **141 SW 96 Terrace**
 CITY-ST-ZIP **Plantation, FL 33024**

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 617, 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:

Richard M. Schwartz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/02

(561) 278-4643

Date Daytime Phone #

CR2E037 (9/01)