## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## J51646 **DOCUMENT #**

1. Entity Name



## FILED Mar 17, 2003 8:00 am Secretary of State

THE LAV	V OFFICE OF JEFFREY F.	BERIN,	<b>P.A.</b>				03-17-2003 9060			7.00
Principal Place of Business 1110 N OLIVE AVE W PALM BCH FL 33401 US 2. Principal Place of Business Suite, Apt. #, etc.		1110	Mailing Address 1110 N OLIVE AVE W PALM BCH FL 33401 US				A ARRIVIT BILLI BARRI HARR BARK BIRK BARR BA			#
		3. Mailing Address								
		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City	City & State			4. FEI Number 59-2749392 Applied For Not Applicable				
Zip	Country	Zip		Coun	try	<b>5</b> . C	Pertificate of Status Desired [		\$8.75 A	dditional
	6. Name and Address of Curren	t Registere	ed Agent			7. N	lame and Address of New Regis			<del></del>
					-Name					
Berin, Ji	EFFREY F.									
1110 N C	DLIVE AVE				Street Addres	s (P.O. Bo	ox Number is Not Acceptable)			
				-						
WEST PA	LM BEACH FL 33401			1						
4		-			City		·	FL	Zip Co	
8. The abov	e named entity submits this statement	for the purp	ose of changing its r	registere	d office or regis	tered age	ent, or both, in the State of Florida.	I am fa	miliar with	n, and accept
are obliga	ations of registered agent.									
CIONIATURE										
SIGNATURE	Signature, typed or printed name of registered ager	it and title if appl	licable. (NOTE:	Begistered	Agent signature requi	ired when rein	netating)	DATE		
			(12.2		- Igent agnatura rado		istating)	DATE		
	FILE NOW!!! FEE IS \$150.00					ĺ	Election Compaign Financia	~~	0.5	
	er May 1, 2003 Fee will be \$550.00						<ol> <li>9. Election Campaign Financia Trust Fund Contribution.</li> </ol>	ng □		00 May Be
Make Chec	k Payable to Florida Department	of State					mast rand contribution.		Addi	o to rees
10.	OFFICERS AND	DIRECTO	RS	11.		ADD	DITIONS/CHANGES TO OFFICER	S AND I	DIRECTO	RS IN 11
TITLE	D		☐ Delete	TITLE					☐ Change	
NAME	BERIN, JEFFREY F.			NAME					ondingo	
STREET ADDRESS	2066 CEZANNE RD			STREE	T ADDRESS					
CITY-ST-ZIP	W. PALM BEACH FL 33409			CITY-						ł
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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: