3-21-01 (954) 981-7744

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000008865 1. Entity Name SHERIDAN EXECUTIVE CENTRE, L.C.				FILED OI APR -6 PM 4: 14			
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2. Principal F	Place of Business	3. Mailing Address 3107 STIRLING	ROAD	-			
Suite, Apt.	#, etc.	Suite, Apt. #, etc. SUITE 204		DO NOT WRITE IN THIS SPACE.			
		City & State FT. LAUDERDAL	E, FL	4. FEI Number Applied For Not Applicable			
Zip	Country	Zip 33312	Country U.S.A.	5. Certificate of Status Desired	□ \$5.00 Additional Fee Required		
!	6. Name and Address of Current F	Registered Agent	Name	7. Name and Address of New Re	gistered Agent	_	
BERMAN, STEVEN B 3990 SHERIDAN STREET, SUITE 209				Street Address (P.O. Box Number is Not Acceptable)			
	OOD FL 33021	,					
	•		City		FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Flor	ida.		
SIGNATURE	Signature, typed or printed name of registered agent ar	od tite if applicable (NOTE:	Registered Agent signature requir	red when reinstation)	DATE		
,	į		W!!! FEE IS \$50.00 able to Department				
9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/0	CHANGES	\exists	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM BERHAN REAL ESTATE GORP. 3107 STIRLING ROAD, SUITE 2 FT. LAUDERDALE, FL 33312	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	;	☐ Change ☐ Additi	ion	
TITLE	HGRM	☐ Delete	TITLE		☐ Change ☐ Additi	ion	
NAME STREET ADDRESS City-St-Zip	TONT, INC. 3541 N. 3157 TERRACE HOWWOOD, FL 33021		NAME STREET ADDRESS CITY-ST-ZIP	,	0101016011		
TITLE ~	MODIMOOD, PE 5302)	Delete	TITLE	*****	☐ Change ☐ Additi	ion	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	;			
TITLE	•	☐ Delete	TITLE		Change Additi	ion	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change ☐ Additi	ion	
NAME STREET ADDRESS CITY-ST-ZIP	"特赛"。		NAME Street address City-St-Zip		ý		
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Additi	ion	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	;			
11. I hereby of indicated limited lia	certify that the information supplied with to on this report is true and activate and the billity company or the received or trustee	his filing does not qualify for t hat my signature shall have th empowered to execute this re	he exemption stated in S e same legal effect as if port as required by Cha	Section 119.07(3)(i), Florida Statutes. I made under oath; that I am a managii pter 608, Florida Statutes.	urther certify that the information ag member or manager of the		

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date