

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

0154219

DOCUMENT # P98000007708

03-14-2001 90012 027 ***150.00

1. Entity Name
BERNSTEIN, MOSKOWITZ, KRAMER AND BENEZRA IPA, IN

Principal Place of Business C/O MARC H AUERBACH 201 S BISCAYNE BLVD. STE 2000 MIAMI FL 33131 US	Mailing Address C/O MARC H AUERBACH 201 S BISCAYNE BLVD. STE 2000 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0829445		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent AUERBACH, MARC H ESQ. 201 S BISCAYNE BLVD SUITE 2000 MIAMI FL 33131				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd.			
				City		Zip Code	
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNSTEIN, STANLEY M.D.			NAME			
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD, STE QR			STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33007			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOSKOWITZ, JEROME M.D.			NAME			
STREET ADDRESS	909 N MIAMI BEACH BLVD, #302			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33102			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAMER, DAVID M.D.			NAME			
STREET ADDRESS	870 FISHERMAN STREET			STREET ADDRESS			
CITY-ST-ZIP	OPALOCKA FL 33054			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENEZRA, CLIFFONI M.D.			NAME			
STREET ADDRESS	2500 E HALLANDALE BEACH BLVD, STE QR			STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley Bernstein* *1/14/01*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)