

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90338 036 ***150.00

DOCUMENT # P98000007708

1. Entity Name

BERNSTEIN, MOSKOWITZ, KRAMER AND BENEZRA IPA, IN C.

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0829445

Applied For

Not Applicable

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

**AUERBACH, MARC H ESQ.
 201 S BISCAYNE BLVD
 SUITE 2000
 MIAMI FL 33131**

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

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, 2002 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** ☐ Delete
 NAME **BERNSTEIN, STANLEY M.D.**
 STREET ADDRESS **2500 E HALLANDALE BEACH BLVD, STE QR**
 CITY-ST-ZIP **HALLANDALE FL 33007**

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

TITLE **D** ☐ Delete
 NAME **MOSKOWITZ, JEROME M.D.**
 STREET ADDRESS **909 N MIAMI BEACH BLVD, #302**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33102**

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

TITLE **D** ☐ Delete
 NAME **KRAMER, DAVID M.D.**
 STREET ADDRESS **870 FISHERMAN STREET**
 CITY-ST-ZIP **OPALOCKA FL 33054**

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

TITLE **D** ☐ Delete
 NAME **BENEZRA, CLIFFONI M.D.**
 STREET ADDRESS **2500 E HALLANDALE BEACH BLVD, STE QR**
 CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
79800001709/657715
Kirkpatrick & Lockhart LLP

Miami Center- 20th Floor
201 South Biscayne Blvd.
Miami, FL 33131-2399
305.539.3300
www.kl.com

February 12, 2002

Stanley Bernstein, M.D.
Bernstein, Moskowitz, Kramer and Benezra, IPA, Inc.
2500 E. Hallandale Beach Blvd.
Suite QR
Hallandale, Florida 33007

Re: Bernstein, Moskowitz, Kramer and Benezra, IPA, Inc.
~~2002 Corporation Annual Report~~

Dear Dr. Bernstein:

Enclosed please find the 2002 Corporation Annual Report for the above-referenced Corporation.

In order to properly complete your Annual Report, please have a duly authorized officer or director of the Corporation sign the bottom of the Annual Report where indicated. In addition, if the Corporation's Federal Employer Identification Number is not pre-printed in Item #4, please fill in the correct number. Item #9 must also be completed. If you are unsure as to what your Federal Employer Identification Number is or whether your Corporation has liability for intangible tax, please contact your accountant. Annual Reports will be rejected by the Secretary of State if this information is not noted in the appropriate space.

Our fee for filing your Annual Report, preparation of the Annual Minutes and acting as Registered Agent for 2002 is \$350.00 plus an additional \$150.00 filing fee which is paid to the Secretary of State. If you would like us to provide the above services, please forward the executed Annual Report and check made payable to Kirkpatrick & Lockhart, LLP, in the amount of \$500.00, to the undersigned prior to **April 1, 2002**. Failure to file the Annual Report with the Secretary of State will result in the administrative dissolution of your Corporation.

IF THE ANNUAL REPORT IS NOT FILED BY MAY 1, 2002, THE STATE FILING FEE WILL BE \$550.00.

Should you have any questions regarding the foregoing, please do not hesitate to contact the undersigned.

Sincerely,

Marsha Benitez
Marsha Benitez
Legal Assistant