

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State
 01-14-2002 90004 023 ***158.75

0378403 AV

DOCUMENT # V09081
 1. Entity Name
DERN CAPITAL MANAGEMENT CORPORATION

Principal Place of Business 6745 WOODBRIDGE DRIVE BOCA RATON FL 33434	Mailing Address 6745 WOODBRIDGE DRIVE BOCA RATON FL 33434
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2. Principal Place of Business 7777 GLADES ROAD Suite, Apt. #, etc. 207A	3. Mailing Address 7777 GLADES ROAD Suite, Apt. #, etc. 207A
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DO NOT WRITE IN THIS SPACE

City & State BOCA RATON, FL Zip 33434 Country USA	City & State BOCA RATON, FL Zip 33434 Country USA	4. FEI Number 65-0316736	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOOM, LEONARD H.
200 SOUTH BISCAYNE BLVD
SUITE 4750
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ 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. **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State.** 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 PST	NAME DERN, ALVIN	TITLE	NAME
STREET ADDRESS 6745 WOODBRIDGE DRIVE	CITY-ST-ZIP BOCA RATON FL	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME DERN, ALVIN	TITLE	NAME
STREET ADDRESS 6745 WOODBRIDGE DRIVE	CITY-ST-ZIP BOCA RATON FL	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME DERN, MARK	TITLE	NAME
STREET ADDRESS 4417 WOODFIELD BLVD	CITY-ST-ZIP BOCA RATON FL	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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: Alvin DERN, President ALVIN DERN 1/14/02 PRESIDENT 561 883 074
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)