## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000089632 Feb 17, 2000 8:00 am 1. Entity Name LAW OFFICES OF RUSSELL D. BERNSTEIN, P.A. **Secretary of State** 02-17-2000 90084 026 \*\*\*150.00 Mailing Address Principal Place of Business 9600 WEST SAMPLE ROAD 9600 WEST SAMPLE ROAD SUITE 507 SUITE 507 CORAL GABLES FL 33065-4082 CORAL GABLES FL 33065 ncipal Place of Business ample Rd DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0790954 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BERNSTEIN, RUSSELL D 1761 W HILLSBORO BLVD. SUITE 207 **DEERFIELD BEACH FL 33442** bmits this statement for the purpose of changing its registered office or registered agent 8. The above named SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Delete TITLE NAME BERNSTEIN, RUSSELL D. NAME STREET ADDRESS STREET ADDRESS 1761 W. HILLSBORO BLVD, SUITE 207 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 flustee 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 ac SIGNATURE

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO